



HSE ACUTE HOSPITAL SERVICES

2022

Listening, Responding and Improving

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



Thank you

Thank you to the people who participated in the National Inpatient Experience Survey 2022 and to their families and carers. Without your support, this survey would not have been possible.

The findings of the NIES 2022, tell us what matters to you as patients and about the important improvement that can be made to improve hospital services across Ireland. The NIES 2022 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 2023.

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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Foreword

from CEO of the HSE

The National Inpatient Experience Survey 2022 provides us with insights about patients' perspectives on their experience in our public hospitals. We will take the time to understand and to reflect critically on what patients have told us, so that we can continue to improve our services.

The majority of our patients, 81.9%, rated their overall experience of hospital care as good or very good. Areas of good patient experience included being treated with dignity and respect, confidence and trust in hospital staff and also pain management.

Learning is a core component of delivering safe and effective healthcare. This is achieved by, amongst other things, 'listening, responding and improving' – which are the areas of focus of this HSE report. Included in the report are examples of improvement initiatives, all our hospitals have quality improvement as part of their core work and purpose. These include programmes to improve admissions, hospital food, nutrition and discharge information for patients. A programme of support and training for staff on communication skills is also being implemented.

During the course of 2023 we will begin the process of moving towards a more regional healthcare structure which will devolve significant authority from the HSE centre to the six new health regions (RHA's) with the aim of providing more integrated quality care as outlined within Slaintecare. In designing RHA's and the structures, roles and processes above and below them, we are seeking to embed a revised culture where all teams seek to drive and demonstrate, with data, that they are doing the best they can with all of the resources available to them at any given point in time.

In service of this, the RHA's are being designed to in-turn enable greater empowerment of frontline teams to make more decisions locally. This approach will enable further focus on preventing sickness, keeping people healthy in their homes, and providing the highest quality of community and hospital care.

On behalf of the HSE I wish to acknowledge and thank the patients and families for completing the survey which will be used as a learning platform for improvement. 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 collaborations of colleagues in the Health Information and Quality Authority and the Department of Health for partnering with us in the development of the National Inpatient Experience Survey.

Stephen Mulvany
Chief Executive Officer, HSE

Introduction

I welcome the publication of the findings of the National Inpatient Experience Survey 2022 (NIES 2022). This is the 5th national inpatient survey and I am very pleased that survey participation remains high, at 44% response rate, and that 82% of our patients are rating their overall experience in hospitals as “good” or “very good”.

I wish to thank all the patients and their families who have taken the time to complete the survey and provide our hospitals with valuable and rich feedback on their hospital experience. I also wish to acknowledge the support of hospital staff who actively promote the survey with our patients. I am delighted that 82% of patients say that they were always treated with dignity and respect in our acute hospitals. Looking at the results, it is very positive that, patients are very satisfied with the cleanliness of their rooms, pain management and that 80% of patients say they always had trust and confidence in the staff. These positive results are testament to the dedicated and compassionate workforce in our acute hospitals.

Areas for improvement are also clearly set out within the results such as staff/patient communication and discharge. Furthermore, a number of sites have improvement opportunities in the areas of admissions, care on the ward and examinations/treatment which will be targeted over the next year.

The 40 participating hospitals have developed priority quality improvement plans (QIPs) to embark on over the coming 12 months. These initiatives are building on the quality improvement work conducted since 2017.

As National Director of Acute Operations, I am committed to ensuring that the findings of the NIES are used systematically to inform quality improvements priorities. The specific 2022 improvement plans have been selected in response to the low scoring areas highlighted in this year’s survey. The final chapter in this report sets out each of the QIPs in detail and outlines the exact area for improvement, the specific actions to be taken and a timeline for the project. The hospitals will provide project updates throughout the coming 12 months.

The Quality Improvement Highlight Section in this report, is an opportunity for each Hospital Group to showcase one hospital quality improvement initiative that has been effective and beneficial to patients.

To conclude, I welcome the 2022 NIES findings and the quality improvement plans set out by each of the hospitals. It is clear from the detailed improvement plans that driving patient experience is a key priority for hospital staff and management and I look forward to working with the acute system to make continuous improvements in patient experience over the coming years.

Mary Day

National Director, HSE Acute Operations



Messages from Patient Representatives

University of Limerick Hospitals Group Patient Council

As a member of the Patient Council at University Hospital Limerick, we welcome the 2022 National In-Patient Experience Survey.

40 public hospitals from six hospital groups participate in the National Inpatient Experience Survey. In our entire health system, I can't think of any other area where we can hear the direct voice of the patient as we do in this survey. It's the actual voice of those who were admitted for a great number of different reasons to our hospitals during a set period.

We can read and hear what in-patients experienced, their needs, expectations, and concerns during every point of their journey through admittance to discharge.

So, what are the patients telling us? Some positive and some negative results. Overall, the collective voice of patients from all over the country tell us some things we would like to hear, which, of course we welcome. But we should also welcome the negative comments. Because it is those negative points that will drive forward many quality improvement initiatives in individual hospitals. Evidence of these improvements from previous surveys, is now readily available when we can say to our patients 'You said, We did'.

As a Patient Council we appreciate this joint initiative by HIQA, HSE and the Department of Health which seeks to improve the quality of health and social care service in Ireland by the National Care Experience Programme

Kay Caball

University of Limerick Hospitals Group Patient Council

The HSE: Listening, Responding, Improving

Since the implementation of the National Inpatient Experience Survey in 2017, the HSE produce a formal response on behalf of the participating acute hospitals. The aim of the survey is to find out about patients' experiences in public acute hospitals and to use their feedback to identify areas of good experience, and areas needing improvement.

The HSE coordinates its response to the survey through a national oversight group, with local implementation of quality improvement initiatives led by personnel from hospitals and hospital groups. These initiatives build on the work conducted since 2017, which has included programmes to improve admissions, hospital food and nutrition, and discharge information for patients, as well as clearer medication instructions and the roll out of activity programmes for older patients. A programme of support and training for staff on communication skills has also been implemented.

We will use the feedback received from patients to improve patient experience across acute hospital services in Ireland.

Healthcare teams working across the health services are using the findings of the National Inpatient Experience Survey (NIES) to understand what matters to patients and to inform priorities for improving patient experience across acute hospitals. Quality improvement initiatives that have been implemented across the hospital services previously are demonstrated in the results of NIES 2022. Priority areas identified in the NIES 2022 and how healthcare teams can support one another to improve patient experience at local level are outlined in this document. 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.

I welcome this opportunity to meaningfully engage with the findings of the NIES 2022. I am delighted to present the co-ordinated response to the findings of the NIES 2022, and 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.

Joe Ryan
National Director, Operational Performance and Integration

NATIONAL HIGHLIGHT



National Healthcare Communication Programme

The National Healthcare Communication Programme (www.hse.ie/nhcpprogramme) was developed in response to the results of the National Inpatient Experience Survey and aims to support staff by providing training in core communication skills for all conversations.

A thematic analysis is used where the responses are considered and mapped to the core components of the Calgary-Cambridge Guide, an internationally recognised structure for the generic clinical consultation. Responses not readily mapped to the Guide are grouped together in some additional themes – for example ‘the environment’. Responses were judged to be ‘Positive’ or ‘Opportunities for Improvement’.

Training is provided through a combination of supporting materials, available online, and onsite workshops. During an onsite workshop, the detailed analysis of the comments received by the hospital is presented and discussed. Comments are put in regard of communication skills and core emotional concern. An emphasis is put on the words used.

Training material and contents are continuously developed to follow the current context needs. For instance, “Communication skills for staff wearing PPE” was written in relation to COVID-19.

Facilitator Workshop materials include:

Guides, Participant Workbooks, PPTs, Posters, Leaflets etc.



Sample NHCP supporting materials



▶ **Bespoke module videos**
<https://bit.ly/NHCPinterviewing>



▶ **Piece To Camera (PTC) videos for sections of CCG**
<https://bit.ly/NHCPlistening>



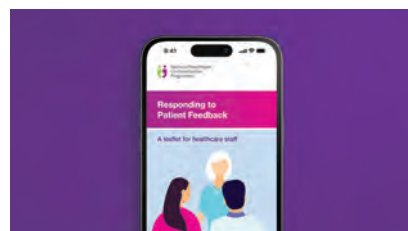
▶ **Patient stories (voice overs with animation)**
<https://bit.ly/NHCPempathy>



▶ **Animations**
<https://bit.ly/NHCPemotions>



▶ **Case studies**
<https://bit.ly/NHCPrelationship>



▶ **Reference cards**
<https://bit.ly/NHCPfeedback>

HIGHLIGHTS

Saolta Hospital Group

Patient Advice and Liaison Service (PALS) Portiuncula University Hospital, Saolta University Healthcare Group

The patient advice and liaison service is being established across the Saolta University Health Care group. The service was identified as part of quality improvement plans for the 2021 National Inpatient Experience Survey to improve patient experience and provide support and advice to patients, carers and families waiting for admission in a confidential and impartial manner. The post involves working both reactively to help to resolve issues for patients and their families and proactively to improve patient and family experience. The role of the patient advice and liaison officer involves being a voice for the patient and represent the patients' interests within the groups hospitals.

Recently Ms Sharon Donoghue (pictured below) was appointed as the PALS Coordinator to Portiuncula University Hospital (PUH) and her role is an example of how effective this service is for patients and families. Ms Donoghue's role is "to be the main contact between patients, their families and carers and the Hospital". She ensures that the patient voice is heard either through the patient directly or through a designated representative.

Since taking up her position, Sharon has re-established the patient "Protected Meal Time". This is a period of time set aside for Breakfast, Dinner and Evening Tea when all non-essential activities on the wards will stop. The nurses and healthcare assistants are available to give help to patients who may need it. We welcome family members who wish to provide assistance at these times.

Through Sharon's collaboration with local and national healthcare staff the Patient Experience Committee has been revitalised. This brings together a wide variety of feedback from our patients, which we then use to improve your services through quality improvement plans. We are in the engagement process of inviting service users to join this committee.

In addition, and jointly with Pharmacist David Walsh, the "Know, Check, Ask" medication safety initiative was launched on World Safety Day.

Ms Sharon Donoghue, PALS Coordinator to Portiuncula University Hospital (PUH)



HIGHLIGHTS

RCSI Hospital Group

A Quality Improvement Initiative in Cavan Monaghan Hospitals (2021): Improving communications with patients' families

Restricted visiting during COVID-19 which resulted in the hospital receiving an increased number of complaints from patients' families (including formal complaints), who voiced dissatisfaction that they had not received adequate information about their family members when they were in hospital. The nursing team on a medical ward commenced a QI initiative in October 2021 to improve communications with patients' families.

Aim: To improve communications with patients' families during their hospital stay on a medical ward.

Project Plan

1. MDT Brainstorming session on causes for complaints, challenges for staff communicating with families and identify change ideas.
2. Developed a multidisciplinary communications booklet to document communication between staff and the patient's Designated Contact Person (DCP).
3. Guidance on GDPR for staff when relaying patient's information to DCP.
4. Focused Communication training for ward staff.

PDSA 1. November 2021

Trial a MDT communications booklet to document communication between staff and the patient's DCP.

Result

Multidisciplinary Booklet was not a sustainable long-term solution due to existing paperwork demands. Concept of DCP established. GDPR/ethical obligations clarified.

PDSA 2. March 2022

Implement a daily process for MDT staff to discuss communications with DCP at staff handover, MDT Whiteboard huddle and safety pause.

Result

June 2022 Family experience survey found 88% satisfaction with the level of information received from a nurse.

PDSA 3. August 2022

1. Each patient's DCP will be contacted by a member of nursing staff on the ward within 24 hours of their admission.
2. The NOK will be informed of patients clinical status, plan of care and relevant information regarding ward visiting, contact number etc.

Result

67% of patients' DCP were communicated with within 1st 24 hours.

Spread July 2022

1. Spread to all wards, support with education.
2. Audit in August of 4 wards showed that uptake ranged to between 29% and 73%.
3. Continue to drive this initiative and re-audit in September.

This QI initiative is aligned to:

1. **NIES** Theme-Admission and Care on the Ward;
2. **HIQA** Safer Better Healthcare standards (2012) of Person-Centred Care & Support;
3. **Local hospital** concerns regarding communicating with relatives during periods of no/restricted visiting.

Next Steps

1. Re-evaluate in September and monthly until embedded;
2. Measure rate of complaints regarding communication for the pilot ward and across hospital once spread and embedded;
3. Complete family survey by December 2022 to determine if initiative is addressing needs of patients' families;
4. Document communication interactions in the nursing notes.

HIGHLIGHTS

UL Hospital Group

UL Hospital's Group has invested significantly in the development of The Patient Advocacy Liaison Service for the group. With the advent of COVID-19, the resulting visiting restrictions and the challenges/distress it presented for patients, families and staff, the Group recognised the requirement for additional supports. The development has resulted in the group expanding the service from 2 resources to 7 over an 18 month period. It has allowed resources to be dedicated to the Emergency Department where there is a significant demand, while also establishing the service across all sites.

We have communicated the availability of the service widely through a variety of local media channels and on our website. The main function of the PALS service is building and strengthening relationships with patients, their families and staff. The PALS team acts as a point of contact for patients and their families/carers and provide them with the necessary advice and support and advocate on their behalf. In partnership with patient representatives the PALS team have worked on a number of initiatives and ways to improve the patient experience by listening and responding to what matters to them.

A particular focus for the PALS service is supporting our most vulnerable service users ensuring specific pathways are in place to meet their needs.

Patient Advocacy and Liaison Service (PALS), Our People, Our Services



(back) Liz Barry, Orla Hammersley, Niamh Hogan, (front) Liz O'Leary, Joanne Mannion and Kathleen Keane

HIGHLIGHTS

South/South West Hospital Group

The National Inpatient Experience Survey helps us make care delivered in our hospital person centred.


Person Centered Care & Support

As a direct result of the feedback we received from the National Inpatient Experience Survey one of our Quality Improvement plans was that of communication.

We developed our **Tipperary University Hospital Patient and Visitor Information** booklet. In conjunction with our Patient Service Representative Forum and our Inclusion Working Group members, we included areas identified within the survey that had lower scores. We included services provided by the hospital, your healthcare team members, nutrition information, patient safety issues to include medications, preventing blood clots, preventing falls & preventing infections, information on discharge and included a specific section on communication.

It is important that we listen to what our patients say and respond by improving the way we deliver care. We thank our service users for taking the time to complete the National Inpatient Experience Survey. We look forward to addressing the issues identified to improve the care we deliver.



 Wellbeing Wednesdays Education Centre Room 1 Schedule of Events June 2022									
	11:00	11:30	12:00	12:30	13:00	13:30	14:00	14:30	15:00
Wednesday 01st June	Taichi "The Document Sequence" Opening (Chikung) Linda	Personal health - Dan	Exercise for mental & physical wellbeing - Dan	Exercise for mental & physical wellbeing - Dan	Exercise with Pauline 12:00	Hypnotherapy for wellbeing - Claudia	Voice and breath - Claudia	Personal safety - Gardaí	Guided "Meditation to come into the Present Moment" - Linda
Wednesday 08th June	Taichi "12 Directions Long Meditation Stretching" to Support the Lung Function Linda	Alcohol what's your measure? Linda	Still & Still - Adrien	Fitting Exercise into Busy Lives - Marie Phyllis	Voice and breath - Claudia	Personal safety - Gardaí	Personal safety - Gardaí	Personal safety - Gardaí	Personal safety - Gardaí
Wednesday 15th June	Taichi "The Tree" Opening Practice Linda	Alcohol what's your measure? Linda	Mindfulness - Tracy	Hypnotherapy for wellbeing with Claudia	Salsa with Alex - Alex	Personal safety - Gardaí	Personal safety - Gardaí	Personal safety - Gardaí	Personal safety - Gardaí
Wednesday 22nd June	Taichi "Butterfly Sweeping" Practice Linda	Personal health - Dan	Fitting Exercise into Busy Lives - Marie Phyllis	Personal safety - Gardaí	Personal safety - Gardaí	Personal safety - Gardaí	Personal safety - Gardaí	Personal safety - Gardaí	Personal safety - Gardaí
Wednesday 29th June	Taichi "Tai Chi Holders Dream" Practice Linda	Personal health - Dan	Hypnotherapy for wellbeing with Claudia	Personal safety - Gardaí	Personal safety - Gardaí	Personal safety - Gardaí	Personal safety - Gardaí	Personal safety - Gardaí	Personal safety - Gardaí

Please come along and drop in to the sessions that suit you. Refreshments served each Wednesday.



Workforce

On taking into consideration some of the comments submitted by our service users in the National Inpatient Experience Survey regarding our staff and the care they delivered here in Tipperary University Hospital during difficult COVID times and how they went that extra mile to care for their patients. Again in conjunction with our Patient Service users Representative Forum and Inclusion Working group members we selected 3 initiatives for our Quality Improvement Plan.

1. We hosted Tipperary University Premier in Quality Day. We had 20 presentations with 33 staff presenting and Stefano our celebrity service user from Operation Transformation, 24 posters involving 68 plus staff members. A total of 243 attended this day to include members of our Patient Representative Service Users Forum and our Inclusion Working Group.
2. Wellness Wednesdays. Every Wednesday in June we hosted Wellness Wednesday which included displays from our Dietetics department on Hydration, Sodium awareness in the diet, Hydration, Fibre etc. Staff could drop into Taichi, meditation, personal health, personal safety, hypnotherapy and salsa sessions which was facilitated by Alex from our inclusion working group.
3. Staff Health Day. We had 255 attendees, with 25 staff signed up for smoking cessation program. Multiple hypertensive staff were directed for follow up. Our current & retired staff that facilitated with their expertise to assist our colleagues. We also had support from Employee Assistance Program, Substance Misuse, Gardaí & Superannuation dept.

Listening to the feedback that our patients give through the National Inpatient Experience Survey gives focus and incentive to improve our service delivery here in Tipperary University Hospital.

HIGHLIGHTS

Ireland East Hospital Group

St Columcille's Hospital: Patient Information Folder

Background

Based on results in the NIES and in-patient feedback, patients highlighted issues around discharge, communication and medication safety.

Who?

The QSR department formed an MDT working group to identify how we could resolve these patient concerns and what we could introduce to give all patients the information needed to empower them to ask questions while in the hospital and on discharge.

Process of implementation

We sought funding from the Friends of St Columcille's and a Patient information leaflet and folder was designed and introduced. The folder includes hospital information on who to contact if you have worries or concerns. Each patient will receive this folder on admission, 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.

Included in the folder

- Welcome leaflet
- In-patient satisfaction survey
- YSYS leaflet
- Know your score (NEWS)
- Patient Advocacy Service leaflet
- Seomra Solas family room leaflet
- OT in-patient activates information
- Bone, Health & Falls Service leaflet
- Non-slip safety socks
- Medication safety information
- Your journey home information
- Medication safety tips on discharge & who to contact
- Going home leaflet and 4 prompt questions for patients to ask

Demonstration of improvement

Since we introduced the Patient information folder it has been a huge success. Patients now have a folder given to them on admission which includes relevant hospital information on who to contact if they have worries or concerns. The information in the folder encourages patients and their family to ask about their care and plan for discharge, we have also included safety socks to reduce patient falls and medication advice leaflets so the patients are informed of any changes before they are discharged home. Many patients that have re-attended have brought their folders back with them to show the medical team the information they were given on discharge.

Feedback from patients that this initiative has improved their journey and experience while in the hospital and on their discharge home.



HIGHLIGHTS

Dublin Midlands Hospital Group

Tallaght Hospital: Patient Information Folder

Being admitted to hospital can be a very anxious time, it does not matter if it is a planned or emergency admission it is taking a person out of their regular environment and placing them in strange surroundings where the routine is unfamiliar to them.

With this in mind Tallaght University Hospital have created an inpatient guide for patients which includes information on nutrition and meal times, an illustrated guide of uniforms introducing the different staff a patient may come across their stay, facilities and supports that are available within the Hospital and most importantly information to help a patient take a greater part in their health and healthcare.

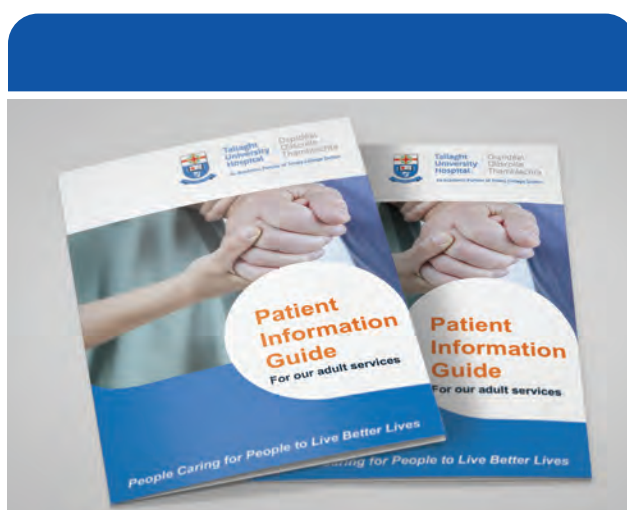
Commenting on the Patient Guide, Chair of the Patient Community Advisory Council (PCAC) said

“The members of the PCAC were all given an opportunity to contribute to the content of this guide, bringing our experience as patients/carers making sure things were included that we would find useful. We also think it will be of huge benefit not just to the patient but also to their families giving them an insight into the routine in the Hospital and most importantly the plans for the patient being discharged.”

“We provide patients with a lot of information on their health conditions but have not focussed previously on their Hospital stay and how they can get the best out of it. By providing the information in this patient guide we hope it will both enable and empower patients and families to be actively involved in their care, medication management and discharge planning. We are encouraging patients to play a more active role in their health care and the information in this patient guide is a great way to support that role,”

commented Áine Lynch, Director of Nursing & Integrated Care at TUH.

On foot of 2022 results this brochure is under further development to enhance the content and the availability to patients and families.



Conclusion

Measurement and analysis of patients' experience 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 have been developed through a national oversight group, with local implementation of quality improvement initiatives led by personnel from hospitals and hospital groups. These initiatives will build on the work conducted since 2017, which has included programmes to improve admissions, hospital food and nutrition, and discharge information for patients, as well as clearer medication instructions and the rollout of activity programmes for older patients. A programme of support and training for staff on communication skills has also been implemented.

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 disclosure on how services are provided; building a sense of partnership between the people who use services and those who provide them. The areas of focus of this report are 'listening, responding and improving'. We are constantly working to improve a patient's experience. All of our hospitals now have quality improvement as part of their core work and purpose. Active involvement and engagement of staff in the National Patient Experience Survey is critical to its success. 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.

LISTENING. RESPONDING, IMPROVING

> ADMISSION TO HOSPITAL

Studies have shown that long waiting times in the emergency department can affect overall experiences of care and can have negative consequences for patients' health.

Most people indicated that they were treated with dignity and respect in the emergency department. However, a large number of patients commented that they spent long periods of time on trolleys. In addition, people under the age of 50 had less positive experiences of admissions than older patients.

CARE ON THE WARD

In general, participants had positive experiences of the care they received while on a ward. Most patients said that they were given enough privacy while on the ward, that their room or ward was clean, and that staff did everything they could to help control their pain. However, members of staff were not always available to talk to people about their worries and fears and a number of participants gave low ratings of the food they received.

EXAMINATION, DIAGNOSIS & TREATMENT

Most people said that they had enough privacy when being examined or treated, and that a member of staff answered their questions about operations or procedures in a way they could understand. However, people were less positive about the amount of time they had to talk about their treatment with a medical professional, and their involvement in decisions about their care.

LISTENING. RESPONDING, IMPROVING *(Continued)*



> DISCHARGE OR TRANSFER

Discharge or transfer was the lowest-rated stage of care in 2022. Most patients said that staff explained the purpose of medications they were to take at home, but many said they did not explain potential side effects to watch out for. A number of patients also said that they did not get enough information on danger signals to watch for after they went home. Patients who are not sufficiently informed about their condition, their medication regime and how to care for themselves at home are at a higher risk of complications and being re-admitted to hospital.



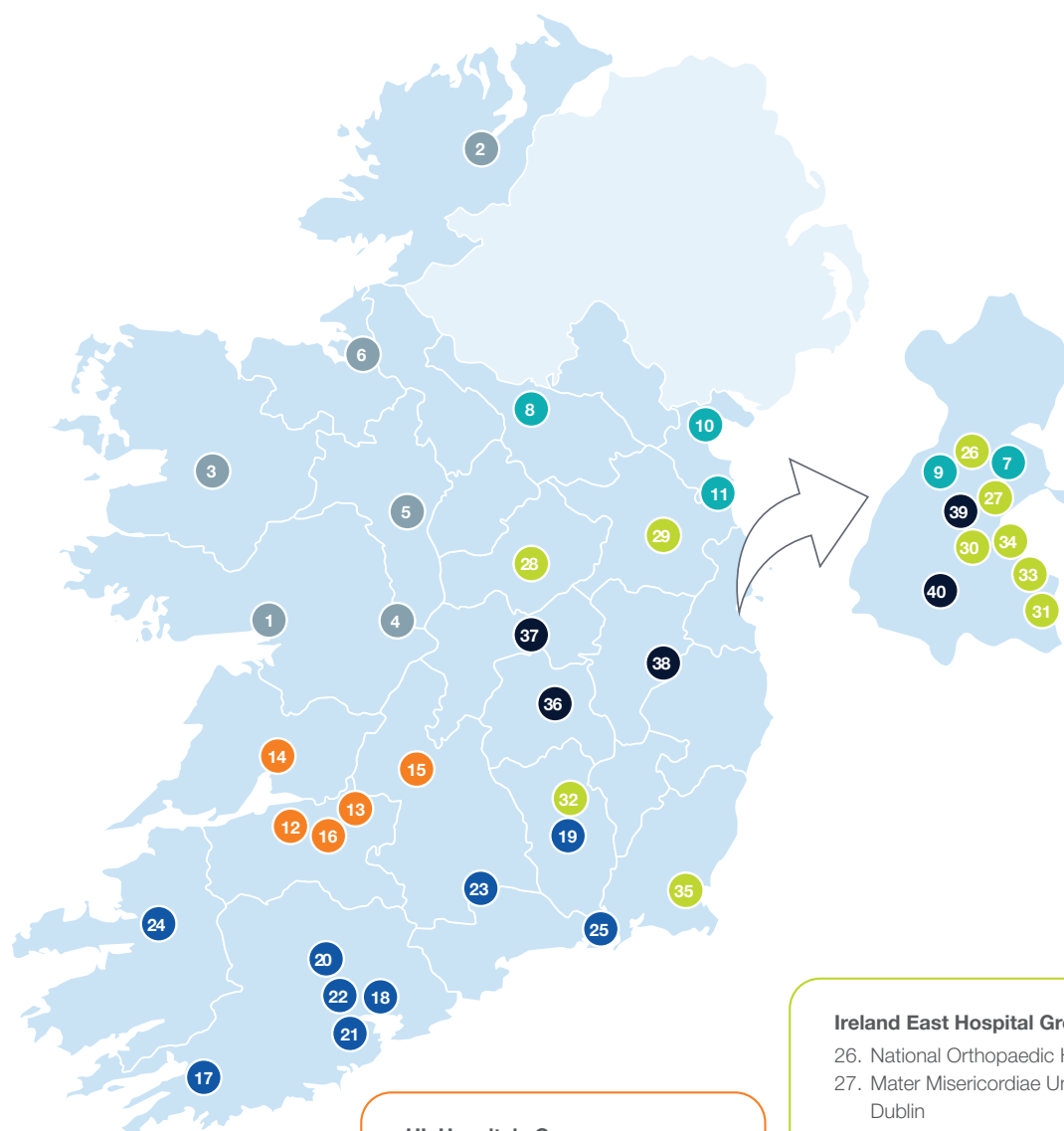
OTHER ASPECTS OF CARE

Most people said that they were treated with respect and dignity, and had confidence in the hospital staff treating them. These areas are strongly linked with patients reporting a positive overall experience, and are thus a very good result for acute healthcare in Ireland. However, people had less positive views on the level of communication between hospital staff and their friends or family.

CARE DURING THE PANDEMIC

The COVID-19 pandemic has greatly impacted the delivery of healthcare services across the world. Most people who had questions about COVID-19, said that they always got answers they could understand. However, some people who needed help to keep in touch with family did not receive it. Furthermore, while the majority of respondents said they had no worries or fears about COVID-19, of those who did, many said that they could not find someone on the hospital staff to talk to.

Hospital Updates/QIPs



Saolta University Health Care Group

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

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

UL Hospitals Group

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

South/South West Hospital Group

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

Ireland East Hospital Group

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

Dublin Midlands Hospital Group

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

Saolta University Health Care Group



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

I would like to thank all the patients, their carers and families across the Saolta University Health Care Group for participating in the 2022 National Inpatient Experience Survey. Our patients have provided us with really valuable feedback on their experience of care in our hospitals. I would also like to thank our staff who support and encourage our patients to participate in this survey and for their commitment to providing good quality, patient centred care and making improvements for our patients despite the ongoing challenges resulting from the COVID-19 pandemic and service demands.

This survey allows us to engage with our patients and learn from and embed areas we are doing well in and also highlight areas we could do better in. The 2022 results showed that 80% of patients across our hospitals had a positive experience of care and this is something we are very proud of. We will continue to develop and introduce initiatives in response to areas where our patient's feedback has not been satisfactory. This will include continuing our focus on improving admission times, the rollout and development of the patient advice and liaison service across all our hospital sites, reviewing and improving discharge and medication information with a renewed focus on the 'Know, Check, Ask' medication safety campaign and communication education programme for our staff, along with re-introducing our protected mealtimes and working with our catering partners to make improvements in the area of food and nutrition.

I would like to assure patients that we are committed to on-going improvement and a culture of engaging with our patients and communities. To that end we will continue the rollout of our patient and family experience councils and our group wide patient and public engagement strategy 2020-2023. We want to ensure that our patients' voices are included in decisions about their care.

Tony Canavan
Chief Executive Officer, Saolta University Health Care Group



ADMISSION TO HOSPITAL

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Reduce patient waiting times for a ward bed and ensure timely care and treatment.	<ul style="list-style-type: none"> Reduce the number of patients on trolleys, waiting admission to a ward bed and meet national target times. Improve patient journey through the hospital. 	<ul style="list-style-type: none"> Galway University Hospitals (GUH) are committed to initiatives that will improve bed capacity and ward admission times. The senior hospital management team are taking a 'whole hospital approach'. The hospital are carrying out length of stay reviews, have introduced a 'Home by 11' early morning discharges initiative, increased patient flow and discharge measures promoting the 'safer flow' bundle, are working with community colleagues and holding staff questions and answers sessions all aimed at maximising improvements to improve bed capacity and admissions times to wards in GUH. The patient advice and liaison service will support service users waiting a ward bed in the Emergency Department. Comfort packs will continue to be provided to patients waiting a ward bed to improve patient experiences. The Acute Oncology/ Haematology CNS will support and enhance unscheduled cancer patient care in the Emergency Department. The hospitals Frailty at the front door team, GP liaison, candidate advanced nurse practitioner for chest pain and multi allied response service will continue to support and enhance the delivery of timely quality care to our patients waiting admission in the Emergency Department. 	<ul style="list-style-type: none"> Improved patient admission times and waiting experience. 	Ongoing



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Poor food rating & providing alternative meal times.	<ul style="list-style-type: none"> Provide quality food that meets patients satisfaction. Meet Patients Nutrition & Hydration needs. Provide alternative meal times. 	<ul style="list-style-type: none"> Provide feedback of this survey to catering partners and establish a review of food available at GUH with catering via the nutrition and hydration committee with a view to improving quality. Explore alternative meal time availability and communication regarding same with catering. Continue local audits regarding patient satisfaction with food. 	<ul style="list-style-type: none"> Patient satisfaction with food. Improved quality. Nutrition and hydration requirements met. 	Q4 2022



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication during discharge: lack of verbal and written information on medications.	<ul style="list-style-type: none"> Review patient information on medications and discharge information leaflets and ensure availability and use of patient information in all clinical areas. There will be a renewed focus on the HSE National Medication Safety Programme 'Know, Check, Ask' to encourage our patients to discuss their medicines with healthcare professionals and family and healthcare professionals to discuss their medications with patients. Promote the use of good communication by the MDT and the importance of providing verbal along with written information to patients on medications and discharge. 	<ul style="list-style-type: none"> Review of patient medication and discharge information leaflets, their alignment with evidence based practice and the use of same in clinical areas. Introduce a discharge algorithm on where & how to access follow-up services. Introduce a 'Medication minute' on the safety pause to identify discharges and highlight verbal and written medication specific information required and include pharmacy to provide complex medications discharge advice. Review and enhance staff and patient awareness measures of the 'Know, Check, Ask' campaign by reviewing the use of posters in clinical areas and information in discharge leaflets, the use of videos & leaflets in ED and outpatients waiting areas, include medications list with outpatient and elective admission appointments. Provide feedback to staff on the results of this survey through huddle meetings and clinical areas communication means and have reminders regarding verbally discussing information leaflets with patients on medications and discharge. Continue actively promoting the importance of good communication skills amongst staff through the promotion of the National Communication Modules. 	<ul style="list-style-type: none"> Improved quality and safety of patient care. Reduced medication errors. Empowered patients. 	Review QA 2022. Completion by end of Q1 2023.



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Choice of food.	<ul style="list-style-type: none"> To ensure all patients are offered nutritious meals they like. 	<ul style="list-style-type: none"> Review of existing menus by Catering Manager. PALS to discuss with staff and patients. 	<ul style="list-style-type: none"> Additional food choices will be provided to patients. 	Completion end of Q1 2023.



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Written information on discharge including medications.	<ul style="list-style-type: none"> Ensure safe transition from hospital to home. Ensure patient has a reference sheet at home if they are worried. 	<ul style="list-style-type: none"> Pharmacy to develop discharge sheets on medications. Condition specific information leaflets on discharge. Ensure copies of information sheets or leaflets available in all areas. 	<ul style="list-style-type: none"> Information available for patient to refer to post-discharge. 	Completion end of Q1 2023.



OTHER ASPECTS OF CARE

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Empower patients to provide feedback or complaints about their care.	<ul style="list-style-type: none"> Implementation of Patient feedback forms. PALS Officer available to patients. Patient feedback presented to staff for local action in real time. Analysis of 'Stage 1' complaints. 	<ul style="list-style-type: none"> PALS officer recruited. Second PALS officer post being processed. Design of Patient feedback forms underway and suggestion boxes being put on wards. Analysis of 'Stage 1' complaints and information will be presented at QPS monthly for quality improvement. Re-establishment of Health Literacy Committee. 	<ul style="list-style-type: none"> Service Users will be empowered to participate in the care they receive. Service users will be offered the opportunity to feedback. Service users will receive opportunities to discuss their care with staff. 	Completion end of Q1 2023.

ADMISSION TO HOSPITAL

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> Time for admission to inpatient areas from the ED. Communication with patients in ED in relation to their plan of care. 	<ul style="list-style-type: none"> All patients will have access to an inpatient bed within the national target time frames. Processes will highlight and prioritise admission from ED to ward areas. Patients will rate the ED highly for the quality of information provided by staff in relation to their care. 	<ul style="list-style-type: none"> Review processes in ED with regard to admission delays. Develop and implement processes to deal with identified delays in admissions to wards. Create ongoing audit and review of effectiveness of new processes. Renewed focus and training for ED staff on the aspects of patient communication and agreed standard of information sharing and engagement with patients using the ED. 	<ul style="list-style-type: none"> Reduction in complaints. Improvement in Patient Experience Times. Improved feedback from patient experience audits. 	April 2023 with intermediary reviews in December 2022 and February 2023.

CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> Fundamental care provision in all inpatient areas (nutrition hydration, continence care). Communication with patients and carers and renewed focus on patient support for fears/concerns regarding care and recovery. 	<ul style="list-style-type: none"> Achieve a high standard of care experienced and evidenced consistently across all inpatient areas. Patients and carers to have timely access to staff who could listen to their fears and concerns and provide them with the information they required. 	<ul style="list-style-type: none"> Progress and implement purposeful visiting as a component for protected meal times. Develop a collaborative approach with clinical teams, chaplaincy service/patient advisors to support enhanced and improved communication/emotional support. 	<ul style="list-style-type: none"> Higher satisfaction levels of patients and families. 	April 2023 with intermediary reviews in December 2022 and February 2023.

DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To refocus on the consistency and quality of information provided throughout the inpatient stay in preparation for discharge from hospital.	<ul style="list-style-type: none"> Improve the quality of information provided to the patient. 	<ul style="list-style-type: none"> Patient information booklet will be revised to include information on discharge (know your own medicines, danger signals on discharge, information needed for discharge). Transfer documentation to be revised. Implementation plan (interdisciplinary approach) to include patient engagement/patient advisers. Audits to be undertaken on effectiveness of discharge planning. Revised and refocused learning and education for staff on effective discharge planning. 	<ul style="list-style-type: none"> Improved communication with patients on discharge reflected in next National Inpatient Experience Survey. Reduction in delayed transfer of care patients consistently over the year, reduced length of stay achieved and maintained across 12 months. 	April 2023 with intermediary reviews in December 2022 and February 2023.



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> Protected mealtimes for patients to avoid meals being interrupted or skipped. Choice of food to be reviewed to ensure a wider choice is provided for patients with special dietary requirements or preferences, including a focus on meal replacements. 	<ul style="list-style-type: none"> To have 'Protected Mealtimes' initiative in Portiuncula University Hospital (PUH) where Healthcare Workers (HCW's) are supporting the initiative. Visiting is arranged outside of 'Protected Mealtimes' schedule. To ensure patients are benefiting fully from nutritional content of meals provided. To ensure that there is a wider food choice for all patients and especially those with special dietary requirements or preferences including a focus on meal replacements. Re-establish the 'Protected Mealtimes' initiative in PUH. 	<ul style="list-style-type: none"> Audit all wards with 'Protected Mealtimes' initiative tool. 'Protected mealtime's signage will be reviewed and will be made accessible on all the wards in PUH. Communication of the 'Protected Mealtimes' initiative will be a priority for PUH and will be communicated to all HCW's that patients should not be interrupted during mealtimes. Communicate to all staff the significance of the Protected Mealtime initiative and how it positively benefits the patient. Review of the Nutrition and Hydration policy. Special Menus (picture menus/ visual aids) will be developed in for patients with learning difficulties, or with language barriers to assist them with their meal choices. Source the specific Delph and cutlery (red/blue trays, cups, plates, jug lid, blue aprons) to readily identify patients who require special assistance during mealtimes and healthcare worker dedicated to assistance. 	<ul style="list-style-type: none"> Create a more relaxed and calm atmosphere providing patients time to socialise and enjoy their food without being rushed. Patient having uninterrupted meals. Mitigate the risk of hot food going cold. Assistance provided to patients at mealtimes from Nursing and Healthcare Assistants. Empower HCW's to promote the 'Protected Mealtimes' initiative. 	September 2022, quarterly audits thereafter.



EXAMINATION, DIAGNOSIS & TREATMENT

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> Lack of communication between patients and the Clinical/Nursing teams. Patients do not feel comfortable talking/questioning the Clinical/Nursing team. 	<ul style="list-style-type: none"> The 'National Healthcare Communication Programme' to be a core part on the training for all Portiuncula University Hospital (PUH) Healthcare Workers (HCW's). Ensure the new HCW's undergo training on the (HSE) 'National Healthcare Communication Programme' as a core part of their induction. Provide readily assessable information for patients. 	<ul style="list-style-type: none"> The findings of the patient experience survey will be shared with all HCW's through the safety pause in relation to the importance of patient centred-care and the impact of effective communication between patients and staff. Modules for the HSE National Healthcare Communication Programme available on HSELand.ie are integrated to staff mandatory training. Communication guidance posters are available to print as an additional guidance tool through HSELand.ie Carry out presentation on the HSE National Healthcare Communication Programme at PUH Grand-grounds to promote the Communication programme within PUH. 	<ul style="list-style-type: none"> Improved verbal communication between patient, their families and their Medical/ Surgical team in charge of care. Improved written or printed information provided to Patients. 	January 2023 with quarterly audit thereafter.



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> Patients do not receive enough information on the medication prescribed or the procedures, including after care and the warning signs to look out for upon being discharged. Patients do not receive information on who to contact with any concerns or if issues arise at home. 	<ul style="list-style-type: none"> Patient Advisory and Liaison officer (PALS) to join the Medication Safety Committee in PUH to discuss and promote the 2019 Health Service Executive (HSE) Quality Improvement Division (QID) 'Know, Check, Ask' campaign. Improve patient information on the side effects of prescribed medication. 3. Initial focus on the Time sensitive/critical doses for a particular group of patients e.g. Epileptics, then expand the initiative out to all patients. Develop a discharge package which will have all the relevant information to each individual patient, ensuring that patients have been given an updated discharge booklet and any additional information in relation to their condition prior to the patient being discharged. Ensure that all wards have the necessary resources available to them to provide the information to all patients. Discharge will be staff led, where the staff will take the time to sit with the patients and explain all the necessary information to the patients. 	<ul style="list-style-type: none"> Promote the National Medication Safety Programme 'Know, Check, Ask' campaign. Create a pilot project on time sensitive/ critical medications for a group of patients e.g. epileptics, then expand the initiative out to all patients. Ensure all patients have been given an updated discharge booklet and any additional information in relation to their condition prior to being discharged. Ensure that all wards have the necessary resources available to them to provide the information to all patients (i.e. staff member to have a conversation with each patient at discharge). On World Patient Safety Day 'Medication Without Harm' (17/09/2022), Portiuncula University Hospital (PUH) promoted the National Medication Safety Programme (NMSP) 'Know, Check, Ask' through the use of an information stand. Promote NMSP website information material through the Saolta communication team utilising media outlets and social media. Include in the admissions letter a copy of the 'Know, Check, Ask' form to be completed by patients prior scheduled admission. The World Patient Safety Day 'Medication Without Harm' (17/09/2022) was accessible to all staff in dedicated education room. 	<ul style="list-style-type: none"> Improved written or printed information that patients receive. Expectation that patients will have a better understanding of their medication. Expectation that patients will be empowered and encouraged to ask questions about their medication. The 'Know, Check, Ask' campaign will help patients who have been prescribed time sensitive/critical medication e.g. epileptics, to be aware of the significance of not taking their medication as prescribed or missing a dose. 	Implementation by December 2022. Quarterly audits thereafter.



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Hospital Food.	<ul style="list-style-type: none"> All patients will receive their food choice and be happy with quality of same. 	<ul style="list-style-type: none"> Review of replacement meal service by the nutrition and hydration committee. Review of how patients choices are reflected and communicated to all relevant members of the MDT. 	<ul style="list-style-type: none"> Patients satisfaction level. 	1st review Q4 2022, with final completion March 2023.



EXAMINATION, DIAGNOSIS & TREATMENT

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Lack of information pre and post procedure/operation.	<ul style="list-style-type: none"> All patients will receive adequate information pre and post procedure. 	<ul style="list-style-type: none"> Review all information leaflets to ensure that all procedures/operations are covered. All staff involved pre procedure/pre operative and post procedure/post operative care will discuss patients concerns with him/her/they and will answer any and all questions. A checklist will be established to support these conversations. Staff are completing the national communication module. 	<ul style="list-style-type: none"> All patients will have their questions answered, through both written and verbal communication. 	1st review Q4 2022, with final completion March 2023.



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Lack of information on discharge.	<ul style="list-style-type: none"> Ensure that patients had all relevant information on discharge to aid their recovery and next steps. 	<ul style="list-style-type: none"> Staff Training. Patient Information Booklet update. Medication information leaflet to be updated. Staff will discuss discharge needs with patients more effectively: verbal information reinforced by written information. Staff are completing the national communication module. 	<ul style="list-style-type: none"> Patients and relatives will be engaged with regarding discharge information. Booklet will be updated. 	1st review Q4 2022, with final completion March 2023.



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Nutritional food choices, replacement meals and assistance at mealtimes should be available to meet patients dietary requirements and individual preferences.	<ul style="list-style-type: none"> Nutrition and Hydration Steering group to investigate feasibility of introducing menu cards at ward level. Continue to request feedback from patients and staff in relation to meals provided at ward level. Continue to monitor waste and use this information to guide meal provision. Regular audit of application of Mealtimes Matter Policy. Regular checking and analysis of the hospital menu to ensure compliance with the Nutrition and Hydration Policy for Acute Hospitals 2019. 	<ul style="list-style-type: none"> Ensure staff are educated on menu options available to patients including choices available for those requiring special diets and that patients are empowered and aware of menu options. Ensure that catering staff are aware of both the Mealtimes Matter Policy and the Missed Meal Guideline and that they receive the appropriate support to support its implementation. Catering management in conjunction with Nutrition and Hydration Steering Group will continue to review and adapt menu based on nutrition quality, patient and staff feedback and waste monitoring. Continue to work with other members of the MDT to improve compliance with Mealtimes Matter Policy. 	<ul style="list-style-type: none"> Improved patients understanding of the choices they have available to them for their meals. 100% compliance with hospital Mealtimes Matter Policy thereby providing patients with an environment conducive to maximising their mealtime enjoyment. This also emphasizes the importance of patients getting timely assistance as required and not missing their meals. 100% compliance with hospital 'missed meal guidelines' to ensure that patients who miss a meal are provided with an appropriate alternative. 	December 2022.



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Insufficient written information for patients on discharge. Particular areas mentioned were medication changes, follow up care and support after discharge as well as a lack of awareness regarding discharge plans.	<ul style="list-style-type: none"> Improve staff awareness on discharge planning and patient education. Improve involvement of patients and families in discharge planning. Improve patient information on the side effects of medication by promoting the National Medication Safety Programme 'Know, Check, Ask' campaign. 	<ul style="list-style-type: none"> Review and re-instate discharge leaflets. Agree a QIP plan with key members including pharmacy and cnm 11's to provide better education to patients regarding their medication. Roll out model ward to all surgical wards in SUH and further embed in all medical wards. Each clinical area will agree their own discharge information relevant to their speciality. World Patient Safety Day 'Medication Without Harm' has been promoted in hospital foyer through the use of an information stand. The process for issuing Discharge Information letters will be reviewed with view to issuing a copy to patients upon discharge. 	<ul style="list-style-type: none"> Increased knowledge for patients and their carers/families upon discharge. Patients to have a clear view on their plan of care and aware of any treatment changes. Discharge information leaflets will be updated and mechanism in place at local level to ensure patients receive correct information at ward level by relevant staff. 	Quarterly review throughout 2022 and 2023.



OTHER ASPECTS OF CARE

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
The National In-Patient Experience Survey has highlighted the lack of communication between patients and the Clinical staff and insufficient time to talk about their worries and concerns. Patients highlighted in the NIES that they did not feel comfortable talking/questioning the Clinical/Nursing team. Patients complained that there was insufficient privacy.	<ul style="list-style-type: none"> Make patients feel heard and supported. Improve staff communication skills. 	<ul style="list-style-type: none"> In line with National Communication Strategy, all Heads of Service and management grades to complete communication module on HSE Land. Managers will use this education to Improved communication between their staff, Patients and their families. Each ward will have an information pack relevant to their speciality. Family room in medical North and medical south will be refurnished and screened to offer a quiet space for patients. Screens will be used where possible for patients on trollies in corridors. Whiteboards over the beds will be used to named nurse and consultant. 	<ul style="list-style-type: none"> National Healthcare Communication Programme to be a core part on the training for all staff in SUH, commencing with management grades. Provide readily assessable information for patients Make every contact count (MECC) reinforced. 	Quarterly review throughout 2022 and 2023.

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

On behalf of the Royal College of Surgeons Ireland (RCSI) Hospital Group, I would like to thank all patients who participated in the National Inpatient Experience Survey. Your feedback is invaluable in helping us to understand individual experiences and to assess our service performance against your expectations. Importantly, it ultimately leads to an improvement in the quality of healthcare services provided by the RCSI Hospital Group.

Measurement of quality to drive improvement is one of the hallmarks of the RCSI Hospital Group. Feedback from NIES is integrated into the suite of RCSI Hospital Group metrics and key performance indicators, which are published monthly on the RCSI HG website. These are used to measure, track and generally guide performance. They identify where improvement is required and measure the impact of all quality improvement initiatives within the Group.

Ian Carter

Chief Executive Officer, RCSI Hospitals Group



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Hospital aiming to ensure that patients are involved in their care and that sufficient information is provided to the patient during their stay.	<ul style="list-style-type: none"> Review and update patient information leaflets via Established Patient Experience Forum. 	<ul style="list-style-type: none"> The forum is chaired by the CEO and meet quarterly. Finalise Patient Charter with Patient committee. Patient Forum to review the admission patient information leaflet with a view to rolling out an updated info leaflet. 	<ul style="list-style-type: none"> A Patient Experience Forum will be established and patients will provide guidance and feedback on areas for improvement related to improving patient experience. 	Q3 2023
Patient dissatisfaction with hospital menu choices.	<ul style="list-style-type: none"> Improve menus for patients with a focus on choice and diet restriction. 	<ul style="list-style-type: none"> Patient survey with focus on current menu feedback and meal time experience. Develop a new 3 week Standard Menu for the hospital. Increase vegetarian and vegan diets. Develop standardised recipes. Reduce repetition of menu choice. Tasting session for new menu choices. Develop patient information material on menu ordering and meal time experience. 	<ul style="list-style-type: none"> Improved menu layout and improved specialist menus. 	Q3 2023



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Patient dissatisfaction with information provided at discharge.	<ul style="list-style-type: none"> Roll out of new discharge leaflet for patients in conjunction with Patient Engagement Committee. 	<ul style="list-style-type: none"> Patient engagement committee to review the current discharge leaflet for patients. Feedback to be communicated to key staff and finalise document. Trial with patients on medical and surgical ward where all appropriate patients were asked to read the leaflet and make final suggestions. Discuss possible changes to nursing documentation to prompt giving the discharge leaflet to patients on admission and commencing communication about discharge. Roll out process to ensure discharge leaflet is provided to patients on admission. 	<ul style="list-style-type: none"> A revised discharge leaflet will be implemented across the hospital. 	Q3 2023



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Medication reconciliation is not currently standard practice across the hospital and for many patients, it is acknowledged that medication reconciliation is a pre-requisite to the giving of accurate medical information.	<ul style="list-style-type: none"> To conduct medication reconciliation on all patients who meet the criteria. Provide patients with information about their medicines. 	<ul style="list-style-type: none"> An improvement team has been established with support from the General Manager, Chief Pharmacist and Director of Nursing. A surgical ward has been identified. A pharmacist and staff from Nurse Practice Development will provide education to nurses on the pilot ward and support them in becoming proficient in providing patient information. Update patient information leaflets (including use and side effects) for the most frequently used medications. Patients will be given information leaflets regarding relevant medications on discharge. 	<ul style="list-style-type: none"> Patients will receive education from staff with regards their medications on discharge. 	Q3 2023
Inform patients of plan for discharge.	<ul style="list-style-type: none"> This project aims to improve the discharge planning process across the hospital involving a focus on a number of impediments to discharge. Specifically relating to the patient experience, the aim is to involve and inform the patient in their discharge plan. 	<ul style="list-style-type: none"> Add Planned Discharge Date (PDD) to ward white board in Pilot Ward. Evaluate the impact of PDD on discharge - Undertake a root case analysis of the discharge process to help prioritise QI interventions, the findings will guide the team on specific areas for improvement for the coming months. Involve MDTs in reviewing the appropriateness of the PDD with a view to the complexity of the patient. Review of MDT awareness of PDD. To measure the rate of complaints regarding communication for the pilot ward. 	<ul style="list-style-type: none"> Patients and families will be informed of the discharge plan throughout their hospital stay. 	Q3 2023



OTHER ASPECTS OF CARE

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Patients' families were dissatisfied that they had not received adequate information about their family members when they were in hospital.	<ul style="list-style-type: none"> To standardise the approach to communication with patients relatives across Cavan Hospital. 	<ul style="list-style-type: none"> Each patient's DCP (Designated Contact Person) will be contacted by a member of nursing staff within 24 hours of their admission. The DCP will be informed of patients clinical status, plan of care and relevant information regarding ward visiting, contact number, discharge plan etc. Discuss communication needs at Staff Handover and MDT whiteboard huddles daily. Complete family survey by December 2022 to determine if initiative is addressing needs to families. To measure the rate of complaints regarding communication for the pilot ward. 	<ul style="list-style-type: none"> A standardised communication approach with patient families. 	Q3 2023



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Patient dissatisfaction with Hospital Food Choice.	<ul style="list-style-type: none"> To develop and implement a menu for regular diet to be rolled out to all wards. Improve quality in vegetarian options on the menu. To provide patients with written information on food and hydration on admission to hospital. 	<ul style="list-style-type: none"> Design a regular hospital menu with catering and relevant colleagues. Review and improve vegetarian options currently available. Design a satisfaction survey questionnaire for the vegetarian cohort of patients. Finalise and print a new hospital menu. Implement new menu across the hospital. 	<ul style="list-style-type: none"> Patients will receive an updated menu with more choice and improved vegetarian options. 	Q4 2022



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Patient dissatisfaction with information provided to them by staff on discharge.	<ul style="list-style-type: none"> Improving provision of information to patients on discharge. 	<ul style="list-style-type: none"> Review current leaflet in conjunction with relevant staff members. Develop a new version of discharge planning leaflet. 	<ul style="list-style-type: none"> Patients will be provided with information about important aspect of care to support full recovery at home. 	Q4 2022
Patient Dissatisfaction with information provided by hospital staff to family members.	<ul style="list-style-type: none"> Improve communication process with patient's DCP in response to the lack of communication between the MDT and patient's families. 	<ul style="list-style-type: none"> CNM to identify patients' family members who need to be contacted everyday during ward huddles. This is recorded by ward clerk. Nurse communicates with DCP within 24-hours of admission informing them of patient's plan. Creation of a Communication Log as tool in conjunction with Nurse Practice Development. This log is to become part of the nursing notes. Regular education/ reminders among healthcare staff at every opportunity. 	<ul style="list-style-type: none"> Communication Tool in place for nursing notes. Regular education/ training to staff regarding communication with patients' families. 	Q3 2023



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Patient dissatisfaction with staff communication with regards to their medications.	<ul style="list-style-type: none"> Audit of 7 classes of medication used in the current post operations analgesia pathway was carried out. The QIP arising from this audit included the development and introduction of a patient information leaflet providing guidance on the safe use and side effects of opioids. 	<ul style="list-style-type: none"> Pilot Patient Information Leaflet on one ward (Orthopaedic ward chosen due to high turn over of surgical patients). Design a patient survey that will measure: <ol style="list-style-type: none"> did the patient receive a leaflet? did the patient find the leaflet useful? 	<ul style="list-style-type: none"> Improved patient education & knowledge concerning post-operative analgesia. Improved patient satisfaction concerning the provision of written communication received. 	Q3 2023
Patient dissatisfaction with staff communication at the time of discharge.	<ul style="list-style-type: none"> Develop a new patient information leaflet for patients and families (including medication information). 	<ul style="list-style-type: none"> Develop a patient information booklet with key information about the hospital to be given to all patients on admission in conjunction with Louth Hospitals Patient Information Leaflet Committee. Liaise with pharmacy for input regarding medications. Launch the booklet in October 2022. Carry out roadshow sessions on wards to promote use of the booklet on all wards to ensure frontline staff know about the booklet and understand the importance of using the communication tool. Store individualised leaflets in booklet as necessary. 	<ul style="list-style-type: none"> Patients will receive a communication booklet on admission and this will provide them with information in relation to the hospital, their stay, and medications. 	Q2 2023
Dissatisfaction with staff/patient communication.	<ul style="list-style-type: none"> To provide the patient with questions for their healthcare teams via regular visual messaging during the hospital stay. 	<ul style="list-style-type: none"> Tray liners will be developed Q3 2022. Tray liner to be placed on all food trays (100%) at each mealtime. Information on tray liner – “Before Going Home” <ol style="list-style-type: none"> What is wrong with me? How will it effect me? What needs to happen for me to go home? What date am I going home? What do I need to know about my medications. 	<ul style="list-style-type: none"> Patients will be supported to ask questions to hospital staff during their inpatient stay. 	Q3 2023

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

I am delighted to welcome the results of the 2022 National Inpatient Experience Survey. The survey provides the Group with invaluable feedback from our patients. We are delighted to have this feedback and to develop quality improvements plans across all sites within the Group to improve the services that we provide to patients and their families across the Mid-West. There are a number of areas that patient's have highlighted that we need to improve on and we will learn from and act on these areas to bring about changes to improve the overall experience for patients in our Hospitals. Our focus will be on:

1. Improving communication around medication safety and possible side effects, particularly on discharge.
2. Ensuring discharge information is communicated clearly to patients and that they understand the information they are being given.
3. Improving communication between staff and patients.

I am very happy that, overall our Hospitals achieved good results. There was some very encouraging feedback from patients who expressed their satisfaction with the cleanliness of our Hospitals, the care they received on the wards and the food available to them while they were inpatients. We will continue to build on these positives through our Patient Experience Committees and in partnership with our Patient Representatives.

I would like to express my thanks and gratitude to the patients who completed the survey as their responses are so valued and are essential in informing quality improvement initiatives across the Group.

I would also like to thank the staff who actively promote the survey and encourage patients to participate across all of our Hospitals. Learning is a core component of delivering safe and effective healthcare and the staff are constantly working to improve the patient's experience through listening, responding and improving.

Professor Colette Cowan
Chief Executive Officer, UL Hospitals Group
14th October 2022



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication between staff and patient.	<ul style="list-style-type: none"> Ensure that patients have someone to speak to discuss their worries or fears. 	<ul style="list-style-type: none"> Local patient steering group to brief all staff on the site on the findings from the NIES 2022 survey. Roll out of the National Health Care Communication programme with initial focus on the admitted patient areas for Q4 2022 & Q1 2023. Croom Patient Experience Committee will ensure that all Staff are fully briefed on the importance of providing patients with an opportunity to ask questions of their healthcare team about any aspect of their care, treatment or medications. To establish and promote and the PALS service on the Croom site. To further promote the use of Social worker service on the Croom site. To continue to roll out the 'Hello my name is' campaign to all staff and ensure that they are provided with name badges. 	<ul style="list-style-type: none"> Staff will be aware of the importance of being available to patients to discuss their worries and fears. Patients will feel fully supported by hospital staff. 	<p>This project is currently in progress.</p> <p>The project will be reviewed quarterly and will be completed by Q1 2023.</p>



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Information re. medication side effects.	<ul style="list-style-type: none"> Ensure that patients are fully informed about medication side effects and are aware of what signs to watch for when they go home. 	<ul style="list-style-type: none"> The Croom Patient Experience Committee will promote improved communication skills and effective ward round communication between the HCP and their patient. Staff will encourage patients to ask questions to their healthcare team about any aspect of their care, treatment or medications. Provision of the Patient Information booklet to all admitted patients. This includes information on medication, nutrition and hydration and falls prevention. 	<ul style="list-style-type: none"> Patients will be fully informed of their medication side effects. 	<p>This project is currently in progress.</p> <p>The project will be reviewed quarterly and will be completed by Q1 2023.</p>



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication between staff and families at discharge.	<ul style="list-style-type: none"> Ensure that patients and their families are fully informed about any danger signals to watch out for on discharge. 	<ul style="list-style-type: none"> For discussion at all the Croom Patient Experience Committees. We will also discuss at Croom Governance meeting. At hand over each morning and evening we will promote good communications skills. At the doctors ward rounds we will encourage doctors to communicate with their patients and their nominated NOK. Staff encourage patients to ask questions to their healthcare team about any aspect of their care, treatment or medications. At every ward round Consultants will be encouraged to engage with patients and their families on their treatment and care plan. We have a nominated member of the Patient Council sitting on our Patient Experience Committee PALS Manager on site will link with patients each week. PALS Manager to educate Ward Staff on referral to SAGE advocacy for support of advocacy services in the community. For the age cohort from 36-50, there will be particular focus on ensuring that doctors or nurses provide families or someone close to the patient with all the information they need to help care for them. The Patient Experience Committee members to promote the use of Social worker by all staff. 	<ul style="list-style-type: none"> Patients and their families and someone close to the patient will be fully informed to help with caring for the patient. Patients families and someone close to the patient will be fully informed to help with caring for the patient. 	<p>This project is currently in progress.</p> <p>The project will be reviewed quarterly and will be completed by Q2 2023.</p>



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Replacement meal.	<ul style="list-style-type: none"> All patients who miss a meal will be offered a substantial replacement meal. While an all-day menu is available, these meal packs including the salad is the alternative for patients whom miss a meal or who are admitted to the hospital later in the evening. The salad option is to provide a more substantial meal to patients. 	<ul style="list-style-type: none"> Communication to all Nursing and HCA on the availability of the all day menu and replacement meal. A meal pack containing a salad and a small desert is placed in each ward servery fridge once suppers have been served. Salads available in overnight fridge in all serveries. 	<ul style="list-style-type: none"> Improved patient experience. Substantial meal replacement offered as part of daily practice. 	<p>This project is currently in progress.</p> <p>The project will be reviewed quarterly and will be completed in Q4 2022.</p>



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Medication Safety on Discharge.	<ul style="list-style-type: none"> All patients will be aware of the side effects of any new medicines commenced during admission. 	<ul style="list-style-type: none"> Promotion of access to supporting drug information resources via medication Monday updates, ward huddles, weblinks, Med Safety Working Groups and Drugs & Therapeutic Committee feedback to staff. Promotion by consultants at ward rounds and MDT. Allocate time for a discharge meeting (sharing & discussion) of information with each patient for discharge: a discharge nurse is identified at each shift who will take responsibility for safe discharge and information giving. 	<ul style="list-style-type: none"> Staff access to appropriate resources. Patients/family/carers understand the relevant side effects of new medication. Where specialist support is needed, staff make relevant referrals. 	<p>This project is currently in progress.</p> <p>The project will be reviewed quarterly and will be completed by Q1 2023.</p>
Danger Signals to look out for on discharge.	<ul style="list-style-type: none"> All patients are informed of any danger signals to watch out for on discharge. 	<ul style="list-style-type: none"> Re-education of staff on how to involve patient in safe discharge planning and what danger signs to communicate on discharge. This will be Led by Practice Development ADON, CPC & CSF with CNM ensuring patient receive & understand relevant discharge leaflets e.g. falls, post op & what to expect upon discharge. Allocate time for a discharge meeting (sharing & discussion) of information with each patient for discharge. A discharge nurse is identified at each shift who will take responsibility for safe discharge and information giving. 	<ul style="list-style-type: none"> Patients will be informed of the danger signals to watch out for when discharged home. Staff will continue to work with patients and families on safe discharge planning. 	<p>This project is currently in progress.</p> <p>The project will be reviewed quarterly and will be completed by Q2 2023.</p>



EXAMINATION, DIAGNOSIS & TREATMENT

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Discussion with Doctor regarding Care & Treatment.	<ul style="list-style-type: none"> Discussion with Doctor regarding Care & Treatment. 	<ul style="list-style-type: none"> Ennis Patient Experience Committee to further review survey findings and ensure that all staff on site are fully briefed regarding same. Roll out of the National Health Care Communication programme with initial focus on the admitted patient areas for Q4 2022 & Q1 2023. Ennis Patient Experience Committee will ensure that all Staff are fully briefed on the importance of providing patients with an opportunity to ask questions of their healthcare team about any aspect of their care, treatment or medications. To establish and promote the PALS service on the Ennis site. PALS resource to actively engage with patients to ensure that their concerns are being addressed. Ennis Patient Experience Committee to monitor complaints relating to care and treatment. 	<ul style="list-style-type: none"> Staff will be aware of the importance of being available to patients to discuss their worries and fears. Patients will feel fully supported by staff. 	<p>This project is currently in progress.</p> <p>The project will be reviewed quarterly and will be completed by Q1 2023.</p>



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Medication Side Effects.	<ul style="list-style-type: none"> To ensure that patients are fully informed about medication side effects to watch for when they go home. 	<ul style="list-style-type: none"> Outcomes from the survey to be discussed at Nursing/Medical/Management meetings and follow up audit with PALS Q1 2023 to determine improvements. 'Know, Check, Ask' is being used on medical wards. For discussion at Medication safety, Consultant and ward meetings. Lets talk medication safety. Medicines reconciliation to be discussed at next Medication safety committee meeting with a view to rolling out same. Ensure day of discharge checklist is completed. Nursing care plans audited monthly on Nursing care metrics. 	<ul style="list-style-type: none"> Patients will be fully informed on medication side effects. 	<p>This project is currently in progress.</p> <p>The project will be reviewed quarterly and will be completed by Q1 2023.</p>
Danger Signals after Discharge.	<ul style="list-style-type: none"> To ensure that patients are fully informed about the danger signals to watch out for on discharge 	<ul style="list-style-type: none"> To ensure that the day of discharge checklist is completed. This will be Audited monthly on Nursing metric. To be an agenda item at the CNM meetings and ward meetings. Patient information booklet to be completed and provided to patients on admission. Patients and relatives to be provided with contact details on discharge if any problems arise post discharge. 	<ul style="list-style-type: none"> Patients will have increased knowledge around potential complications following discharge which will be surveyed by the PALS resources. 	<p>This project is currently in progress.</p> <p>The project will be reviewed quarterly and will be completed by Q2 2023.</p>

ADMISSION TO HOSPITAL

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Hospital staff/patient communication.	<ul style="list-style-type: none"> All patients in Medical assessment unit (MAU) are fully informed of their condition /diagnosis. Patients are informed of their condition in a way they can understand/ relatives and interpreters are utilised if necessary. 	<ul style="list-style-type: none"> Findings of the survey are shared with the Local Injury Unit (LIU) and MAU staff. Line managers for the units to meet with MAU & LIU teams to reinforce the importance of explaining the patients condition in a way that they can understand. Staff in the LIU & MAU to complete module 1 & 2 of the Communication Strategy starting Q4 2022. Staff will use the online booking system for the Context interpreter service as necessary and/or communication tools as indicated by Speech and Language Therapists and Occupational Therapists in Nenagh hospital. 	<ul style="list-style-type: none"> All staff in the two inpatient ward will have completed the National Communication Training Programme Q2 2023. Patients will be informed of their condition in a way they can understand. 	<p>This project is currently in progress.</p> <p>The project will be reviewed quarterly and will be completed by Q2 2023.</p>

EXAMINATION, DIAGNOSIS & TREATMENT

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication between staff and patient and involving patient in care/ treatment decisions.	<ul style="list-style-type: none"> To ensure that patients are given time on ward rounds to discuss their conditions and raise concerns. To ensure that patient participation in their care planning is promoted and supported. 	<ul style="list-style-type: none"> Director of Nursing to fully brief clinical lead, Allied Health Professional Lead & Nursing Management for the site on findings of the survey. Clinical lead for the site to meet with all admitting consultants and teams for the site to emphasise the importance of ensuring that all patients are given sufficient time to discuss their care and treatment in particular during ward rounds. Patient Advocacy Liaisons (PALS) resource for the site to complete a local patient survey. All site management teams to ensure that all of their clinical teams are made aware of the importance of sharing information about the patients condition, in a way that is understood by the individual patient – interpreter services are engaged if necessary. <p><i>(continued on next page)</i></p>	<ul style="list-style-type: none"> Patients will be provided with time on ward rounds to discuss their conditions and raise concerns with the team. Patient participation in their care planning will be promoted and supported by the hospital. 	<p>This project is currently in progress.</p> <p>The project will be reviewed quarterly and will be completed by Q1 2023.</p>



EXAMINATION, DIAGNOSIS & TREATMENT

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS (CONTINUED)	WHAT WILL IMPROVE?	TIMELINE
Explanation of Health & Care after Discharge, Medication side effects, danger signals after discharge.	<ul style="list-style-type: none"> To ensure that patients are fully informed about: <ol style="list-style-type: none"> Medication side effects to watch for when they go home Any danger signals to watch out for on discharge. 	<ul style="list-style-type: none"> Hospital information booklet to be given to all patients on admission. All site management teams to ensure that all of their clinical teams are made aware of the importance of spending enough time explaining about a patients health and care after they are discharged. PALS resource for the site to complete a local patient survey. The Nenagh Patient Experience Committee will promote the 'Know, Check, Ask' campaign to be across the site. The Nenagh Patient Experience Committee will ensure that staff fully understand the importance educating patients around specific side effects of their medications. This will be surveyed by the PALS resource for the site. Patients will be informed of potential complications to watch out for following discharge. 	<ul style="list-style-type: none"> Patients will be fully informed about medication side effects and dangers signals. Patients will have increased knowledge around potential complications following discharge. 	<p>This project is currently in progress.</p> <p>The project will be reviewed quarterly and will be completed by Q4 2022.</p>



ADMISSION TO HOSPITAL

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Privacy, Dignity & Respect in ED.	<ul style="list-style-type: none"> When patients are being examined and assessed in our Emergency Department that they will be afforded privacy within a dedicated space in each zone. All patients dignity, privacy and autonomy are respected and promoted while attending the ED. 	<ul style="list-style-type: none"> Appoint dedicated PALS resources for the Emergency Department. PALS Managers and the Emergency Department staff to meet on a monthly basis to discuss patient feedback form engagements, look at complaints from patients some of which are related to dignity and privacy. PALS staff to share the results of the NIES survey with all staff in ED and taking their feedback on improvements through the ED Forum to enhance staff awareness. To establish the elderly assessment unit to enable elderly patients to be moved to a separate assessment area from ED on presentation if medically suitable. To recruit the additional NCHD and Nurses for ED to enable the processing of patients more quickly and reduce overcrowding. COVID-19 pathways, redirecting to MAU/SAU, new patient flow & dedicated discharge teams to specifically focus on reducing the number of ED trolleys to optimise the availability of single cubicles for the vulnerable/elderly patients attending ED. Purchase additional portable screens to facilitate privacy when being examined. To look at the provision of a dedicated assessment space for each zone in ED which can be used to facilitate privacy while being examined and assessed by a Doctor or nurse. Mandatory NHCP communication training for all staff, focus on making the first connection with our patients. Implementation of 'Hello my name is' initiative within ED. All staff to identify themselves by name and role. Named nurse to look after you during your time in ED. Nurse management to ensure that additional hydration rounds take place and that all admitted patients receive a hot meal. PALS resources to share patient stories, compliments and complaints with ED staff. To ensure that ED patients who provide feedback through YSYS receive a prompt response from a member of the PALS ED team. 	<ul style="list-style-type: none"> Established forum with open communication that patient concerns can be raised. Discussion and solutions forum. Staff fully briefed on the NIES survey and aware of patient concerns. To support the privacy and dignity for patients while in the ED. 	Q2 2023



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Introduction from Treating Staff.	<ul style="list-style-type: none"> To improve communication between staff and patients. 	<ul style="list-style-type: none"> 'Hello my name is' campaign to continue and ensure that all staff are provided with name badges. Support and engagement with the ULHG Patient's Council with their telephone audit of 'Hello my name is' survey. Internal communications of the 'Hello my name is' campaign through Team Talk and E screens. Local patient steering group to brief all staff on the site on the findings from the NIES 2022 (CD forum, grand rounds, CNM forum, AHPs). 	<ul style="list-style-type: none"> Number of staff are wearing their name badges. Staff routinely introduce themselves to patients by name and by role. 	Q2 2023



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Given info about what to do or not do after discharge, Danger Signals after discharge, Medication Side Effects.	<ul style="list-style-type: none"> To ensure that staff provide written/ printed information to patients on discharge. To ensure that staff provided patients with sufficient information about their medication and any danger signals to look out for on discharge. 	<ul style="list-style-type: none"> Local patient steering group to brief all staff on the site on the findings from the NIES 2022 (CD forum, grand rounds, CNM forum, AHPs). To organise events around the promotion of medication safety in line with the World Patient Safety Day. Local patient steering group to establish what leaflets are available to support patients on discharge. Staff are encouraged to go through any information leaflets given to patients to support the recuperation period at home. Clinicians, nursing or Allied Health care professionals involved in the care/discharge of the patient are responsible. This initiative will be audited by the PALS manager and will involve conducting a telephone survey of a random selection of patients discharged per month. The findings will be presented and actioned at the Patient Experience Committee. 'The Now, the Next, the What to expect' initiative gives specific directions on what to inform our patients on discharge home. Clinicians, nursing or Allied Health care professionals involved in the care of the patient and discharge of the patient are responsible. This initiative will be audited by the PALS manager and will involve conducting a telephone survey of a random selection of patients discharged per month. The findings will be presented and actioned at the Patient Experience Committee. <p><i>(continued on next page)</i></p>	<ul style="list-style-type: none"> Patients will be educated on their condition and potential complications to be mindful of following discharge, specific side effects of their medications. Patients will be provided with written documentation. 	Q2 2023



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS (CONTINUED)	WHAT WILL IMPROVE?	TIMELINE
Given info about what to do or not do after discharge, Danger Signals after discharge, Medication Side Effects.	<ul style="list-style-type: none"> To ensure that staff provide written/ printed information to patients on discharge. To ensure that staff provided patients with sufficient information about their medication and any danger signals to look out for on discharge. 	<ul style="list-style-type: none"> Initiatives and quality improvements as a result of the survey responses progressed through a dedicated Patient Experience Committee with meaningful patient participation/representation. Promotion of 'Know, Check, Ask' initiative. on medication safety particularly on discharge. All healthcare professionals involved in discharge around medications would be responsible for utilising the 'Know, Check, Ask' initiative. Promotion would be through internal and external communication processes. This initiative will be audited by the PALS manager and will involve conducting a telephone survey of a random selection of patients discharged per month. The findings will be presented and actioned at the Patient Experience Committee. 'My medicines' list it is planned that this will be attached to all OPD clinic and scheduled care appointment letters. Looking to print on the back of the appointment letter. 	<ul style="list-style-type: none"> Patients will be educated on their condition and potential complications to be mindful of following discharge, specific side effects of their medications. Patients will be provided with written documentation. 	Q2 2023

South/South West Hospital Group



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

On behalf of the South/South West Hospital Group (S/SWHG), I would like to sincerely thank all the patients across our hospitals who participated in this year's National Inpatient Experience Survey (NIES). Despite the ongoing challenges in the health service, eight of our hospitals had at least 80% of patients rate their overall experience as 'good' or 'very good'.

These positive ratings are a testament to the hard work of our staff and the high standards of care they deliver on a daily basis. I would like to thank our frontline workers and management for their dedication to continuously improving the services in our hospitals.

The 2022 survey was the fifth year of the NIES, which supplies valuable insights from patients into their experience of our care, and continues to provide us with an important opportunity to review our services from the patient perspective. I am delighted the survey analysis has shown that the S/SWHG continues to achieve high scores in key areas including improved ratings for care on the ward, examinations, diagnosis and treatment, and discharge/transfer.

The S/SWHG remains committed to working with hospitals to develop improvement programmes based on the feedback and comments from the survey. As CEO of S/SWHG, I am also personally fully committed to improving our patients' experiences in our hospitals.

In real terms, this means the S/SWHG will continue building relationships between our hospitals, patients, carers and the public, working together to improve the care and experience we offer. One of our strategic goals remains to develop, support and progress a patient and public participation model for S/SWHG, in order to guide and inform our quality improvement agenda.

I wish to thank all our staff and managers who championed patient participation in the survey, reviewed the findings and developed the hospital quality improvement plans.

I would especially like to thank you, the patients, who responded to the survey. Your contribution continues to be invaluable and will be used to bring about ongoing improvements to our health service.

Mr Gerry O'Dwyer
Chief Executive Officer, South/South West Hospital Group
14th October 2022



ADMISSION TO HOSPITAL

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication on admission/Assessment in Acute Medical Assessment Unit.	<ul style="list-style-type: none"> The hospital will provide education to staff on the importance of giving patients the time and opportunity to discuss their treatment and care. 	<ul style="list-style-type: none"> Implement a communications programme for all staff. Raise awareness of the '#Hellomynameis' campaign. 	<ul style="list-style-type: none"> Improved communication with patients. Better involvement of patients in their own care. Better service user experience. 	March 2023



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication, time given to discuss condition/treatment on the ward.	<ul style="list-style-type: none"> The hospital will provide education to staff on the importance of giving patients the time and opportunity to discuss their treatment and care. 	<ul style="list-style-type: none"> Implement a communications programme for all staff. Raise awareness of the '#Hellomynameis' campaign. 	<ul style="list-style-type: none"> Improved communication with patients. Better involvement of patients in their own care. Better service user experience. 	March 2023



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Overall discharge planning with the patient and family.	<ul style="list-style-type: none"> Introduction of the SAFER patient flow bundle. SAFER stands for Senior review each morning, All patients have a planned date of discharge, Flow to wards early each morning, Early discharge aimed for 11am and Review of patients over 14 days in the hospital. 	<ul style="list-style-type: none"> Identify resources and changes needed to implement the SAFER patient flow bundle. 	<ul style="list-style-type: none"> Reduce length of patient stay. Improve patient Flow. Safer systematic patient discharge by the multidisciplinary team. 	Q4 2022



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Nutrition.	<ul style="list-style-type: none"> Finalise process of employing Ward Catering Assistants. Dedicated dietician support will be returned at the end of September after being absent for 2 years. Discussion has commenced around the purchase of new meal transport trolleys to ensure optimal temperature maintenance. CUH have explored digitised menu ordering system. CUH identified as pilot hospital site nationwide in collaboration with HSE Sustainability. A Catering Assistant has been appointed to the Emergency Department Rapid Access Stream providing breakfast, lunch & tea packs with a view to expanding it to the Emergency Department. 	<ul style="list-style-type: none"> Ward catering assistants will be ward based and will attend to all catering needs in a specific area including ordering menus. Nutritional content of meals provided will be monitored as per standard. Optimum temperature of meals will be maintained. Create a more user friendly and efficient way of ordering meals from the clinical areas. Patients who are awaiting treatment or awaiting a bed in ED for long hours will be able to access nutritious meals and drinks. 	<ul style="list-style-type: none"> Dedicated staff member attending to all patients meals and nutrition & hydration needs. Reliability of the nutritional content of meals. Meals will be at the correct temperature when they reach the patient. LEAN approach to ordering of meals, reduced food wastage as food ordering live. Attending to patients Activities of Daily Living when prolonged waiting in ED. 	Q4 2022 and Q1 2023



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Written or printed information on discharge.	<ul style="list-style-type: none"> Q-Pulse is being updated to make information easier to access for all staff. Enhanced ward clerk availability to be addressed with their role to include maintaining a stock of Patient Information Leaflets. Discharge coordinators are facilitating sessions for ward staff on complex discharges. 	<ul style="list-style-type: none"> Q-Pulse upgrade is in progress. Patient Information Leaflets need to be developed for specific specialties. Quality & Patient Safety Lead to liaise with their directorates in relation to PILS to be developed. Discuss the implementation of the ward clerk role at senior management meetings and the timeline involved. All members of the MDT need to be aware of their role in a complex discharge. Members of the MDT need to know the importance of liaising with community staff at the earliest possible time. The MDT need to know the process involved when a patient is being transferred to a nursing home for the first time. Continue regular sessions for all members of the MDT to empower them to manage their discharges more effectively & efficiently. <p>(continued on next page)</p>	<ul style="list-style-type: none"> Available patient information leaflets to inform them of their condition, treatment ongoing care. Easily accessible information for ward staff who are short of time. Safe reliable timely discharges. 	Q4 2022 and Q2 2023



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS (CONTINUED)	WHAT WILL IMPROVE?	TIMELINE
Written or printed information on discharge.	<ul style="list-style-type: none"> Ensure, if patients are being discharged to another facility, that written information regarding their ongoing treatment is sent with the patient (e.g. prescriptions, discharge letter, educational information). In the absence or reduced visiting options from families due to COVID-19, and with patient consent, encourage clinical staff to utilise telehealth methods (e.g. phone calls, video calls) to educate family members prior to discharge. 	<ul style="list-style-type: none"> Reinforce the completion of the nursing discharge careplan. Consider the development of a MDT complex discharge checklist that must be completed & signed by the MDT member prior to the patient being discharged. Reduce the amount of patients being discharged with sub optimal information and education. Encourage ward areas & MDT to utilise the ward ipads to provide education, updates to families via Webex. Email relevant information to relatives with the patient's consent. 	<ul style="list-style-type: none"> There is no gap in the transfer of patient information between healthcare facilities. Alternative methods of communication are utilised to inform & educate patients and their families. 	Q4 2022 and Q2 2023



OTHER ASPECTS OF CARE

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication with patients and families around worries or fears.	<ul style="list-style-type: none"> Promote the National Healthcare Communication Programme. Introduce the learning pathway to all staff involved in patient care. Local guidelines available to ward staff to facilitate family visits in certain circumstances. A Patient Advocacy Liaison function is being introduced to the hospital this year. This will play an important role in assisting patients. The function in due course will also be a point of contact for families. Prepare staff for the implementation of the Assisted Decision Making (Capacity) Act. Develop process for elective patients to receive written information regarding their hospital stay (CUH Patient Information booklet, 2021) prior to admission. Develop process for emergency admissions to receive written information regarding their hospital stay on admission. 	<ul style="list-style-type: none"> Introduce the National Healthcare Communication Programme once the Inpatient Experience Coordinator role is filled. Include the learning pathway for communication to all members of staff training requirements who deal with the service user. Introduce communication workshops to induction programmes. Ensure that visiting restrictions is on the agenda at senior management decision making meetings. Introduce the PAL to the clinical areas. Ensure staff are aware of their role in relation to the ADM Act. Order appropriate documentation to inform both staff and service user. Encourage staff to undertake the training on HSE Land.ie Liaise with the Health Records Manager in the development of a process to distribute the booklets. Discuss the option of posting relevant information to the service user in advance of their admission. Compile a pack with all the relevant information in one place. Liaise with the Clinical Nurse Managers in the development of a process to distribute the booklets. Discuss the implementation of the ward clerk role at senior management meetings and the timeline involved. 	<ul style="list-style-type: none"> Empathetic, kind, friendly open communication with the service user and their family. Eliminate defensiveness attitude that is evident on the NIES. Improved communication with patients & their families resulting in fewer complaints. Improved service user support. All patients will be deemed to have capacity and treated as such. Reduced anxiety on hospitalisation due to information prior to admission. Reduced anxiety due to hospitalisation due to empowering the patient on self care and preventative measures. 	Q4 2022



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Families and carers provided with information to care at home post discharge.	<ul style="list-style-type: none"> • Patient/Family has the information necessary to provide care. 	<ul style="list-style-type: none"> • A Discharge Checklist has already been introduced and is given to all patients on discharge • A new Information Pack is now given to patients & family (where applicable) on discharge. This includes both written and graphic information and has been developed to include interdisciplinary education booklets for all patients undergoing joint replacement surgery. It is envisaged that we will produce this pack in other languages e.g. Polish in the future. • All staff to be informed that should a patient request it, or where it is believed that the patient does not fully understand, or cannot retain information, then the next-of-kin or significant other would be given the appropriate information on their behalf. However, this measure would only be done with the patients consent. • All patients discharged from Kilcreene are accompanied to the discharge hall by a staff nurse. They ensure that the Discharge Pack is in their possession and also check that they are satisfied with the level of information given. It is also an opportunity, if requested by the patient, for the nurse to share discharge instructions with the next-of-kin or carer. 	<ul style="list-style-type: none"> • Families will be enabled to care post discharge. 	Q1 2023



OTHER ASPECTS OF CARE

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication with patients and their families.	<ul style="list-style-type: none"> Improve communication with patient at daily ward round, and at appointments. 	<ul style="list-style-type: none"> Daily Ward Rounds are conducted by the CNM & NCHD where all matters of the Treatment Plan are reviewed including, wound care, mobilisation, pain management and discharge plan. Patients are seen by their Consultant Orthopaedic Surgeon both pre & post procedure and a discussion of the Treatment Plan is discussed. Patients can speak to the daily on-site team or a private appointment can be arranged post discharge via the medical secretary to meet with the consultant. 	<ul style="list-style-type: none"> Communication with patients will be improved. 	Q1 2023

CARE DURING THE PANDEMIC

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Availability of staff to discuss worries or fears in relation to COVID-19.	<ul style="list-style-type: none"> Ensure that all patients have the opportunity to discuss concerns with a member of staff. 	<ul style="list-style-type: none"> Patients are, and will be, given the opportunity each day to talk with the DoN or CNM2 regarding any concerns regarding COVID-19. They will be reassured regarding pre-admission screening of all patients, use of PPE as appropriate by staff, and other preventative measures. 	<ul style="list-style-type: none"> Patients will be provided with information and answers to their questions. 	Q1 2023



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Medication side effects.	<ul style="list-style-type: none"> Introduce a Managing Medicines Leaflet for patients. 	<ul style="list-style-type: none"> Develop the leaflet by the Pharmacy Department. Develop a process ensuring timely distribution of the leaflet to patients throughout the wards. 	<ul style="list-style-type: none"> Patients will have a written information for reference. 	Q2 2023



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Food rating	<ul style="list-style-type: none"> Review of Catering Services to in-patients 	<ul style="list-style-type: none"> Reminder communicate to HCA manager to offer sandwiches at 8pm during tea round. Reminder/retraining of catering staff to ensure long-term patients are offered additional choice at mealtimes. Set up regular tasting sessions with kitchen staff of new meal suggestions. Review and revise the current patient meal surveys to ensure menu offerings are suitable for the current patient demographic. 	<ul style="list-style-type: none"> Increase service user satisfaction. 	December 2022
Someone to talk to about worries or fears.	<ul style="list-style-type: none"> Re-introduction of Patient Liaison Officer (PLO) in the MUH, email to hospital, business cards and update information of Visiting Advice leaflet. Re-introduction of Patient Feedback forms at key location. Update contact details of PLO. Re-introduction of Friends of the Mercy Volunteer Service. PLO participation in the SAFE Huddle in ED. 	<ul style="list-style-type: none"> Meet each CNM2 and Deputy Manager individually. Provide each one with a list of services provided by the PLO so there is clarity as to where and how to access assistance. Presentation to Heads of Department (HOD). Advertise the post and services in the HOD briefing document. 	<ul style="list-style-type: none"> Increased awareness of PLO services. 	December 2022



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Information - family members.	<ul style="list-style-type: none"> Revise and update Patient Discharge Plan. 	<ul style="list-style-type: none"> Revision and implementation of updated Patient Discharge Plan by the Discharge Sub-Committee. 	<ul style="list-style-type: none"> Improve quality of information being given to patients and family members. 	December 2022



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Talking about worries and fears	<ul style="list-style-type: none"> Encourage patients to have conversations with staff. 	<ul style="list-style-type: none"> Staff to encourage patients to raise any concerns/fears regarding COVID-19 and provide additional information as required. All staff are patient advocates within their roles. IPC Team available speak to patient/family to address concerns if requested." 	<ul style="list-style-type: none"> Patients and visitors are encouraged to speak to hospital/ward staff regarding any concerns including fears regarding COVID-19. 	December 2022
Food	<ul style="list-style-type: none"> Improve food choices. 	<ul style="list-style-type: none"> Nurses ensure special dietary requirements are documented in the patients record and are communicated to catering staff. Nursing staff liaise with catering staff daily to provide patients with a choice of quality nutritious meals. Printed vegan menu available when requested. 	<ul style="list-style-type: none"> While acknowledging that we are an elective surgical hospital and many patients spend most of their stay fasting or recovering for surgery, our goal is to ensure patients with special dietary requirements, including vegan, are offered appropriate food choices according to their preferences. 	December 2022



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Written information	<ul style="list-style-type: none"> Additional information provided at discharge or transfer. 	<ul style="list-style-type: none"> "Nursing staff to ask patient/family if they have all the information they need prior to discharge and document same in the Healthcare Record. Prior to discharge, patients/family already receive information leaflets with details of contact phone numbers/ departments in case of any concerns following their procedure. 	<ul style="list-style-type: none"> Patients/Family receive all the information they need for their care prior to discharge/transfer. 	December 2022



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Patients to be aware that there is someone available to talk to about their worries and fears.	<ul style="list-style-type: none"> Patients aware of how to access someone to talk to about their worries and fears, to include clinical team, medical social worker, CNM, CNS. Availability of Patient Advocacy Liaison Service (PALS) person in house for Tipperary University Hospital. 	<ul style="list-style-type: none"> Include Patient Advocacy Liaison Services person within Tipperary University Hospital. Promote PALS availability to all services users. Support and encourage all members of MDT to be available to explain agreed care and treatment plan with patient. 	<ul style="list-style-type: none"> Presence of Patient advocacy liaison person available to support patients. 	September 2023 with inter-mediatary review January 2023.



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Provide patients with appropriate education on purpose of medications, danger signals and side effects to watch out for.	<ul style="list-style-type: none"> Aim: Increase availability of medicines reconciliation and information to patients on discharge. Objective: Target highest risk patients on high risk medications and polypharmacy. 	<ul style="list-style-type: none"> Establish a MDT discharge medicines reconciliation and patient education team. Promote service with service users. Construct SOP to prioritise patients on high risk medications and polypharmacy and actions. 	<ul style="list-style-type: none"> Library of relevant medicines information leaflets/resources available on Q-Pulse. Utilisation of 'My Medicines List' from 'Know, Check, Ask' campaign. Additional ward clinical pharmacy resources. Increased number of patients receiving verbal and written information on purpose of medication side effects to watch out for and danger signals. 	September 2023 with inter-mediatary review January 2023.
Increased patient awareness of danger signals to watch for on discharge.	<ul style="list-style-type: none"> Increase patients awareness of treatment received, types of care needed on discharge, symptoms or danger signals to watch for, useful questions to ask prior to discharge, who to call if something does not feel right. 	<ul style="list-style-type: none"> Allocate a designated area for Discharge Lounge. Allocate staffing to Discharge Lounge. Promote service with service users. Construct SOP for Discharge Lounge attendees and roles and responsibilities. Promote 'useful questions to ask' as identified in Tipperary University Hospital Patient and Visitor Information booklet page 11. 	<ul style="list-style-type: none"> Availability of discharge lounge. Increased focus on discharge, follow up, medication reconciliation and advice on side effects. Hospital Information Booklet updated to signpost if danger signals following discharge, who to contact if worried about condition/treatment on discharge. 	July 2023 with inter-mediatary review January 2023.



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Being told about medication side effects to watch for when going home.	<ul style="list-style-type: none"> Pharmacist will provide counselling to all patients commenced on Direct Oral Anticoagulants (DOACs) in hospital. 	<ul style="list-style-type: none"> Nursing staff will complete a referral to pharmacy for patients commenced on DOACs. Pharmacist will provide counselling to patient. Pharmacy will maintain a record of how many patients were referred and how many received counselling. 	<ul style="list-style-type: none"> Patients will be better informed of all aspects of commencing on a DOAC. Improved medication safety for patients. Improved knowledge base for patients. 	Q1 2023
Being told about danger signals to watch for when going home.	<ul style="list-style-type: none"> Give advice to all patients on what signs to look out for, give helpful hints to avoid blood clots, why certain patients may be at higher risk, and how patients can help themselves. 	<ul style="list-style-type: none"> HSE/Thrombosis Ireland Blood Clot Alert Card to be given to all patients on elective and ED admissions. Internal survey to monitor if patients have received the card, read the card and how useful they found it. 	<ul style="list-style-type: none"> Patients will be knowledgeable about what to look for and seek treatment if they are suspicious of a blood clot. Patients will be aware if they are at higher risk of blood clots and will know when to seek help. 	Q2 2023
Printed information about what to do or not do at home.	<ul style="list-style-type: none"> All patients attending for Arthroplasty will be educated on how to care for themselves post discharge. 	<ul style="list-style-type: none"> Patients listed for Arthroplasty will be invited attend joint school. Patients will receive an information booklet with details of care post discharge and contact details for the Clinical Nurse Specialist. Six weeks post surgery, patients will be sent a postal survey to enquire if the information/education provided was of benefit/sufficient to prepare them to care for themselves post surgery. 	<ul style="list-style-type: none"> Patients will be prepared with knowledge of what will be required in terms of care post joint replacement surgery. 	Q3 2023



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Information on medication side effects to watch for at home.	<ul style="list-style-type: none"> Staff to be supported to give relevant information on medication side effects to patients on discharge. 	<ul style="list-style-type: none"> Communication with staff regarding the availability of Medication Patient Information Leaflets available via the Medications Information icon on all PC desktops. Staff to advise patients/families to also read the leaflets that accompanies medications when issued by the Community Pharmacy and that concerns around medications can be discussed with the Community Pharmacist following discharge. Education sessions on Medication Safety will continue to be provided by the Medication Safety Pharmacist to all staff. This will ensure staff are better informed when speaking with staff. Information on the HSE 'Know, Check, Ask' Programme will be included in the planned Patient and Visitor Information Booklet planned. 	<ul style="list-style-type: none"> Improved communication on discharge between staff and patients. Patients/families empowered to ask questions prior to discharge. 	Q1 2023
Information on danger signals to watch for at home.	<ul style="list-style-type: none"> Staff to be supported to give relevant information on danger signals to watch for following discharge. 	<ul style="list-style-type: none"> Results of the NIES will be shared with staff to encourage them to provide more information on discharge, especially in relation to who the patient may contact if they are worried after discharge e.g. G.P., G.P. out-of-hours Services, Community Pharmacy, PHN. Patient Information Leaflets (PILs) to be provided, where available. Staff to be encouraged to develop further PILs to be held on Q-Pulse and available to all areas. Development of animated information videos on 'Questions to ask before I go home' to be explored; videos to be run in OPD, ED and adjacent to hospital admission areas. General Information will be included in the planned Patient and Visitor Information Booklet planned. 	<ul style="list-style-type: none"> Improved communication on discharge between staff and patients. Patients/families empowered to ask questions prior to discharge." 	Q1 2023
Written or printed information about what you should/should not do after leaving hospital.	<ul style="list-style-type: none"> A Patient and Visitor Information Booklet is to be developed for UHW. This will include a section for general guidance on what to do/not to do after leaving hospital and who to contact with any concerns. The Booklet will be given to all patients as soon as possible after admission to help plan for discharge. 	<ul style="list-style-type: none"> A dedicated group will be convened to progress development of the UHW Patient and Visitor Information Booklet. A small number of booklets will be printed initially to trial and to identify improvements. 	<ul style="list-style-type: none"> Patients will have general information easily accessible to them and a place to document information specific to themselves. 	Q1 2023

Ireland East Hospital Group



26. National Orthopaedic Hospital, Dublin
27. Mater Misericordiae University Hospital, Dublin
28. Midlands Regional Hospital, Mullingar
29. Our Lady's Hospital, Navan
30. Royal Victoria Eye and Ear Hospital, Dublin

31. St. Columcille's Hospital, Loughlinstown, Dublin
32. St. Luke's General Hospital, Kilkenny
33. St. Michael's Hospital, Dun Laoghaire
34. St. Vincent's University Hospital, Dublin
35. Wexford General Hospital

On behalf of the Ireland East Hospital Group (IEHG), I would like to thank all the patients, their carers and families across the 10 contributing hospitals in our Group for participating in the fifth National Inpatient Experience Survey - Ireland's annual survey of patients' experiences of healthcare. Over the last 5 years, what matters to patients and their families is being consistently highlighted through the national care experience programme and we at the Ireland East Hospital group are committed to learning and improving to meet the needs of our patients and the wider community.

I am delighted to see the overall satisfaction rates with the services provided at our hospitals. The responses particularly reflect an appreciation of the kindness of our staff and the dignity and respect afforded to our patients while they are in hospital.

However, there are areas within our services which need to respond to the voice of the patient and, to this end, I am fully supportive of the detailed quality improvement plans which have been developed and the commitment of the staff in the Ireland East Hospital Group to fully engage and implement these necessary improvements.

Amongst other targeted areas, our hospitals are making a commitment to improve communications, both written and verbal, and will also be working to improve information around medication safety and discharge planning.

As the care experience programme continues to expand into more areas of our healthcare service to fully engage with our patients and highlight areas which are of importance to them and their families, we will continue to respond and improve our services based on the patient experience.

I would like to sincerely thank all our staff across the Group who encouraged our patients to participate in the survey. They are the core of our health service and their unwavering dedication to their patients is seen in their willingness to adopt improvements wherever possible to ensure that patients continuously receive the very best care and treatment.

My sincere thanks to our patients and their families for providing this feedback and identifying areas of satisfaction and areas for improvement. I look forward to tracking all the identified improvements over the coming months to demonstrate our commitment to listening and responding to our patients feedback.

Declan Lyons
Group Chief Executive, Ireland East Hospital Group
October 2022



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Dissatisfaction with food.	<ul style="list-style-type: none"> Improve food options and nutritional value for patients/service users, including out of hours options. 	<ul style="list-style-type: none"> Introduction of a coffee shop. Comprehensive review required of available menu options. This will include examination of nutritional content of all menu options as well as a review of menu choice availability in line with current standards. Make toaster/tea making facilities available to staff on the surgical wards. 	<ul style="list-style-type: none"> Menu updated and nutritional content defined. Light meal option readily available to post operative patients. 	Q3 2023



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Reported insufficient provided to family and someone close regarding information needed to assist in care.	<ul style="list-style-type: none"> Review of patient information material provided to patients during their journey at NOHC. Reintroduction of Pre-Assessment Joint Education School for Hip & Knees patients. 	<ul style="list-style-type: none"> Review of all patient letters, patient information booklets, discharge information provided to patients or made available on hospital website. Reintroduce onsite joint school for hip and knee patients. 	<ul style="list-style-type: none"> Improved information material made available to patients/family members. 	Q2 2023



OTHER ASPECTS OF CARE

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Insufficient opportunity for family member/someone close provided to talk with doctor.	<ul style="list-style-type: none"> Improved opportunities for family member or someone close to talk to doctor. 	<ul style="list-style-type: none"> Reintroduction of visiting arrangements. Reintroduction of face to face family meetings, as required. 	<ul style="list-style-type: none"> Improved opportunities for patient's family to meet with healthcare team. 	Q4 2022



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> Food quality at bedside. Availability of fruits, vegetables and vegan choice identified as issue. Food offer not in line with special diets. 	<ul style="list-style-type: none"> Rolling training programme for Catering staff to be revised. Food audits to be undertaken by Catering supervisors. Food services Dietitians work on all menus to comply with HSE Food Nutrition and Hydration Policy. 	<ul style="list-style-type: none"> Design audit. Action plan to be generated from audits. Training programme for catering assistants to be revised. Oven calibration to be monitored. Review items bought from HSE food tender. Review menu items based on patient feedback. Selection of vegan options to be developed. Funding for food services Dietitians required. When approved and in post, plan project working with energy dense diet. 	<ul style="list-style-type: none"> Food is visually appealing and presented correctly. Food is of high quality and tasty for the diets required. Patients are aware of the range of suitable foods available. Patients who require special diet will access a diet compliant with the HSE policy and access choice. Food regeneration should result in hot but not over dry meals. Tray layout as per agreed template. Some changes to food procured and hospital menu. Catering assistants Dietitians will have better knowledge of menu, menu items including new items. List of vegan food available. Availability of energy dense menu to support patient care in older person & younger patient especially in cancer and spinal care. 	<p>Assessments and audits to start during Q4 2022 for changes to be rolled out during Q1 and Q2 2023.</p>



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Printed or written information provided to the patients upon leaving hospital.</p>	<ul style="list-style-type: none"> The Good Discharge Summary Guide; a resource tool for NCHDs (Non-Consultant Hospital Doctors) on how to create discharge summaries that meet the needs of G.P.s. The project aims at strengthening the discharge summaries to ensure all information needed for the follow-up care of the patients is contained including both "what happened in hospital" but also "what is the care plan going forward". It includes a formal training component (awareness and methodology) to replace former informal peer learning and an IT tool. 	<ul style="list-style-type: none"> Evaluation of the work done to date, with G.P. contribution and feedback. Appropriate design changes with an initial focus on improvements for a Stroke context/ improving the experience for NCHDs. Working group around the extension of the Good Discharge Summary tool for wider audience (cross disciplines). Trial extension with 3 core services and evaluate prior to introducing the tool across the rest of the hospital. Parallel engagement with IT to support development and changes needed to current tools in order to input and carry information appropriately. 	<ul style="list-style-type: none"> G.P.s (as the next point of care) will receive accurate, succinct, up to date information about what is required of them to further care for the patient once discharged from hospital. G.P.s will be able to support and explain future care to the patient. This will be of huge benefit to patients. G.P.s, PHNs and community carers will be aware of the next steps in the patients care, and of any further appointments for tests or follow-up in the hospital. Education tool will be used at induction to educate NCHD's on Discharge Summaries, saving peer-time informal education and ensuring equal level of high quality education is provided. IT tool will guide and helps improve the Discharge Summary Creation experience for NCHDs. 	<p>Initial review in Q1 2023 in view of completion by Q2 2023.</p>



OTHER ASPECTS OF CARE

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Half of the patients who responded to the survey did not know how or where to give feedback or make a complaint in the hospital.	<ul style="list-style-type: none"> Campaign aimed at patients and staff to promote: <ol style="list-style-type: none"> How to provide feedback; How to make a complaint. 	<ul style="list-style-type: none"> Review current materials on Feedback and Complaints. Develop Posters for wards and all public areas on Feedback and Complaints. Heighten staff awareness on encouraging patients to provide feedback. Develop mechanism for front line staff to record locally resolved feedback. 	<ul style="list-style-type: none"> Improve awareness for patients and family members on how to provide feedback and make a complaint. Better understanding of how patient feedback is used to improve patient experience. 	<ul style="list-style-type: none"> Review of existing information and audit level of current awareness to be completed in Q4 2022. Address gaps identified in audit to be completed in Q1 2023. Implementation of mechanisms to improve awareness for patients/ family members on how to provide feedback/ make a complaint to be completed in Q2 2023.



ADMISSION TO HOSPITAL

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Long waiting times for In Patient Bed in the ED Department.	<ul style="list-style-type: none"> Hospital Visual Boards Project has commenced to improve patient flow through the hospital with the aim of reducing waiting times in the Emergency Department and improve the efficiency of the patient pathway in the hospital. 	<ul style="list-style-type: none"> Create a sustainable Visual Hospital platform at RHM. Improve Patient Flow. Focus on the levelling of discharges at RHM over 7 days. Aim to achieve levelling of daily discharges by 16:00; target of 22 daily discharges to meet demand. The objective is to achieve 27% of total discharges by 11:00 and 51% of total discharges by 13:00. 	<ul style="list-style-type: none"> Improve Patient Experience. Improve Patient Flow Processes at RHM. Improve Bed Utilisation. 	Q1 2023



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Deficit in information provided to patients on discharge.	<ul style="list-style-type: none"> Rollout of 'Know, Check, Ask' campaign and VTE Alert Card to all patient discharges. 	<ul style="list-style-type: none"> Chief Pharmacist will lead out and be accountable for progress. Information Stand in Main Concourse as a focus of information for staff. One-to-One Medication Brief Interventions with Patients as indicated prior to Discharge. Provision of relevant information for example VTE Alert Card to patients on discharge. 	<ul style="list-style-type: none"> Feedback on subsequent NIES Report will improve in this area. Minimise risk in respect of patient care regarding Reported Medication Errors. Patients/carers/family members will have more information provided in relation to medication. 	Q3 2023
Feedback from Patients regarding Quality of Patient Information leaving Hospital Setting was that more information regarding aftercare would be beneficial.	<ul style="list-style-type: none"> Review of existing and Development of new information leaflets. Increase the awareness among staff and patient of the HSE BMJ resource. 	<ul style="list-style-type: none"> Development of Data base of Patient information Leaflets accessible to all staff on Shared Central Folder in soft copy and hard copy. Project assigned to QPS Department with oversight by QPS Manager. Increase staff awareness of the HSE BMJ Best practice resources. Set Deadline for Q1 2023. ICT resources to be used to raise the profile and awareness of all of the above, the team will liaise with the ICT lead to progress this. 	<ul style="list-style-type: none"> Greater visibility for Staff across all departments in the Hospital Setting of the information available to patients. Increased use of the available resources by hospital staff to support patients in their discharge and onward care. Ease of access to provide patients with appropriate information. 	Q1 2023



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Ad-hoc distribution of patient information leaflets and discharge letters.	<ul style="list-style-type: none"> Introduce 'Know, Check, Ask' leaflets and distribute to clinical areas. 	<ul style="list-style-type: none"> Provide education and disseminate the leaflets to the CNM's in the clinical areas and senior nurse management meeting. 	<ul style="list-style-type: none"> Patients will be better informed. Leaflets will be up to date and readily available. 	Q4 2022
Communication	<ul style="list-style-type: none"> Introduce mandatory communication training. 	<ul style="list-style-type: none"> Propose that staff attending communication training should be mandatory. 	<ul style="list-style-type: none"> Communication deficits may be addressed. 	Q4 2022
Lack of discharge information, specifically in relation to unscheduled care patients.	<ul style="list-style-type: none"> Develop a pre-discharge checklist for patients which includes these three areas of concern. 	<ul style="list-style-type: none"> Raise at the LICC and gain feedback from our local G.P.'s in relation to our discharge letters. Feedback to our new discharge subgroup. 	<ul style="list-style-type: none"> Patients will be better informed about what to expect post discharge and our primary care partners will be involved in the process. 	Q1 2023



ADMISSION TO HOSPITAL

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Patients reported they would appreciate more time with their healthcare provider.	<ul style="list-style-type: none"> Increase awareness among nursing and medical staff of the importance of providing time to allow patients to clarify any queries or concerns. 	<ul style="list-style-type: none"> Feedback from the National Inpatient Experience Survey to be presented to hospital staff with an increased focus on the importance of providing time for feedback, queries and comments from patients/ carers and relatives. Post attendance survey planned for October to assess the impact of the improved communication pathway. 	<ul style="list-style-type: none"> Increase in the percentage of patients satisfied with the information and time for queries being provided. 	Q4 2022



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Choice of food not available to in patients.	<ul style="list-style-type: none"> Staff to ensure to communicate with patients on the choice of foods available from the menu and discuss options provided by the Catering Department. 	<ul style="list-style-type: none"> Posters to be placed in all in patient areas detailing menu options and availability of a replacement meal. Pre-admission information to be reworded to explain menu options and choices provided for in patients. Post discharge summary to be developed following admission to assess patient experience of meals provided. 	<ul style="list-style-type: none"> Increase in the percentage of patients who are aware of the adequate choice of food. 	Q4 2022



EXAMINATION, DIAGNOSIS & TREATMENT

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Patients reported they would like more information prior to coming to hospital.	<ul style="list-style-type: none"> Review of all information sent in advance to patients to be undertaken to ensure patient information needs are addressed. 	<ul style="list-style-type: none"> Each department to review information being provided to patients. Relevant information about the patient journey to be uploaded to the website. Evaluation of the patients experience of telehealth planned. 	<ul style="list-style-type: none"> Increase in the percentage of patients satisfied with the information being provided. 	Q4 2022



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication	<ul style="list-style-type: none"> To improve the staff knowledge on the impact of dementia on communication. Rationale: Communication difficulties are inherent in dementia and are among the many challenges associated with progressive decline in dementia and impact directly on the person ability to engage socially. 	<ul style="list-style-type: none"> Bi-Annually for 3-4 in a month. Training is rolled out at two learning levels to engage staff across hospital departments. Small groups of staff (less than 15) attend in person training. Attendees sent reminder of commitment to change and learnings 6-8 weeks follow the training. Experiential learning with a solution focused approach taken. 	<ul style="list-style-type: none"> Large portion of the current hospital staff trained. Staff have committed to change some self-identified aspects of their communication behaviours. Improved clinical and everyday conversations with clients while an inpatient or attending OPD services. Improved patient experience. 	75% staff to be trained by Q4 2022



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Medication Side Effects	<ul style="list-style-type: none"> Further develop the implementation of a discharge communication process between the team and patient/relative. 	<ul style="list-style-type: none"> Pharmacy to collaborate with MDT to design and implement an easy to use discharge communication tool on medication safety. 	<ul style="list-style-type: none"> Awareness of discharge process. patients/ relatives fully understand their medication/safety following discharge. 	Q4 2022
Danger Signals post discharge	<ul style="list-style-type: none"> Further develop the implementation of a discharge leaflet to highlight danger signals post discharge. 	<ul style="list-style-type: none"> Coordinate a discharge planning QIP working group. 	<ul style="list-style-type: none"> Awareness of discharge process. patients/ relatives fully understand their medication/safety following discharge. 	Q4 2022



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Staff not having enough time to talk to patients during their stay in hospital.	<ul style="list-style-type: none"> Implement Hospital Volunteer programme. Seek psychology resource for patients who need this resource. (The hospital does not have any psychology resource to support patients who need this specialist support). Seek additional social work resource to support patients in relation to fears etc. around discharge etc. The hospital has only 1 pastoral care resource and this service needs to be expanded. Seek cancer nurse funding for support of newly diagnosed and existing cancer inpatients. (The hospital does not have any cancer nurse supports despite many patients being diagnosed and admitted with cancer care support requirements). 	<ul style="list-style-type: none"> Instigate a training programme and orientation for Volunteers meet and Greet in Hospital. Review current visiting restrictions to allow visiting to become more patient centred. 	<ul style="list-style-type: none"> Better patient experience for the patient. 	Q3 2023



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Patient unaware of side effects of some medications, paper information not available.	<ul style="list-style-type: none"> Promote the use of WHO Med safe APP. (The MedSafe app an initiative of the World Health Organization seeks to educate patients and the general public through the 5 key moments where action taken can reduce the risk of medication-related harm), advertise in ED waiting area and OPD waiting area, perform education piece to patients for those patients who express an interest in downloading APP. Promote support with family members/support person. Implement joint quality initiative with Pharmacy department to promote awareness of side effects with patients. 	<ul style="list-style-type: none"> Advertise the use of MED SAFE to patients and their carers, stand in front foyer in hospital during Medication safety week. 	<ul style="list-style-type: none"> MED safe can be used as a passport document for patients accessing ED and MAU. 	Q3 2023
Communication to family members and patients about their condition, follow up information regarding community care and contacting their G.P..	<ul style="list-style-type: none"> Hospital website has been updated to include a digital description of medications and their side effects. A multidisciplinary team huddle should take place for each patient 24-hours prior to the patient being discharged. 24-hours to discharge initiative should include a discharge letter for each patient to be given to them as they leave hospital explaining danger signs in their condition and who in the hospital they should communicate with if they condition deteriorates within 48-hours post discharge. 	<ul style="list-style-type: none"> Promote the National Communication programme. 	<ul style="list-style-type: none"> Greater MDT involvement and community care involvement for nursing and HSCP care of patients upon discharge to minimise unnecessary visits to acute setting for patients. Improve the discharge letter turnaround times to G.P.s for patients upon discharge from the hospital including pharmacy prescriptions. 	Q3 2023



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Patients are not given enough info on discharge regarding medications, follow up, things to watch out for.	<ul style="list-style-type: none"> Introduction of S.M.A.R.T. (Signs, Medication, Appointments, Results, Talk) discharge journal to be given to every patient on discharge from SMH. 	<ul style="list-style-type: none"> Meet with Nursing Team and agree on most appropriate and relevant information to include. Discuss with CNMs at CNM meeting-ensure their co-operation and participation in educating staff on importance of document. Consult with Printer and obtain sample of document. Pilot document for specified time and audit its success/ feedback-negative and positive. Make changes if necessary, then roll out to all wards if appropriate. 	<ul style="list-style-type: none"> Patients will receive education and opportunities to ask questions prior to discharge. Carers and G.P.s will have a written document to refer to. Patients aware of who to approach for help on discharge (Community Pharmacist, G.P.,...). 	Q1 2023
G.P. letters not reaching G.P.s in a timely enough manner.	<ul style="list-style-type: none"> Introduction of T-Pro Dictate to issue G.P.s letters. 	<ul style="list-style-type: none"> Consult with Patient Services Manager, the Admin Staff Team and the Clinicians. Access information on Cost and Supply of the Software. Consult with ICT and Finance Manager. Request Demonstration. Ensure staff understanding and provision of training. Audit and monitor effectiveness. 	<ul style="list-style-type: none"> All patients' G.P.s will receive a letter within the first week of discharge from hospital. More informed G.P.s and Patients. Safer post discharge care for patients. Reduction of time dedicated by ward staff to answer queries by phone. 	Q3 2023



OTHER ASPECTS OF CARE

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Staff communications with patients - not having time to talk, not enough privacy afforded, discussions in room with others present, families not given information.	<ul style="list-style-type: none"> Develop and enhance ward staff communication skills. 	<ul style="list-style-type: none"> Consultation with Senior Nursing Team/ADON. Meeting with CNMs to inform and request co-operation. Introduction of Communication Training Modules for Ward staff: Making Conversations Easier and Making Connections (Online Programmes) for all Ward staff and then Encouraging training for at least 2 Conversation Champions for all wards (Face-to-Face Training). These programmes are provided by the National Healthcare Communication Programme. 	<ul style="list-style-type: none"> Patients are given safe, protected and private time to talk to Medical & Nursing Staff and to have sensitive issues discussed appropriately. Patients information is handled in a dignified and private manner. More support offered to patients and opportunities to request pastoral support etc. 	Q3 2023

ADMISSION TO HOSPITAL

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> Ongoing outpatient treatment for care of returning patients with prescription or care monitoring requirements. Large cohort of patients requiring regular repeat prescriptions, blood tests and ongoing care monitoring with an inefficient patient request system, resulting in excessive work for nursing staff, delays in communication and poor patient satisfaction. Frequent last minute requests from patients requiring repeat prescriptions without recent bloods turning routine patient care tasks into urgent requirements on a daily basis. 	<ul style="list-style-type: none"> Roll out of myPatientSpace Mobile App (HSE OOCIO Pilot) tailored specifically by SVUH to fit the needs of specialty/service. 	<ul style="list-style-type: none"> Review Use Cases (based on HSE MOC) for Rheumatology & Haematology. Build Patient Surveys and feedback forms. Build blood test & tracking. Build patient care flow in App. Add Patient Education videos & text/PILs. Select Patient pilot cohort. Staff training. Pilot Review. Development of Business Case for app expansion & tender. App rollout to other clinical areas - subject to business case, demand and requirements from clinicians & patients. 	<ul style="list-style-type: none"> Discharged patients will be provided access to myPatientSpace App (Rheumatology, Haematology, other implemented clinical areas) for Hi-Tech Biologic Prescription fulfilment, follow up treatment surveys, patient education & PILS, EPROMS, Blood Test booking & Uploads, and additional use cases as applied by Clinical Models of Care. This shared platform between the patient and their specialty team will provide more streamlined, structured pathways to enhance the patients care journey. The efficiencies built in to this platform will allow nursing staff to utilise this structure to apply more time and focus on patient care and education. A built in notification to patients 1 month before they are due their prescription will give adequate time for both patients and nursing/clinical staff to arrange bloods to be preformed & reviewed, and prescriptions to be renewed on time, avoiding last minute requests and the risk of patients not receiving their medications on time. 	<p>In progress, pilot started in summer 2022 with tender and extension works starting Q3 2022. Roll out Q2 2023.</p>
<p>Complaints from patients & G.P.s due to the delay of patient correspondence being sent from hospital post discharge.</p>	<ul style="list-style-type: none"> Centralised Print & Mail Facility aiming at G.P. letters being sent faster. 	<ul style="list-style-type: none"> After the Tendering Stages: <ol style="list-style-type: none"> Review all templates implementing the G.P. Code Process work flow designed to assist with staff training Staff training Pilot monitoring and review System roll-out to other clinical areas. 	<ul style="list-style-type: none"> Improve timeliness of communication with patients' G.P. Reduction in post going through SVUH postal service (collation of letters for a same G.P.). 	<p>Project approved summer 2022 for roll out Q4 2022.</p>



ADMISSION TO HOSPITAL

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Patients did not feel that they had sufficient information in relation to medication following discharge.	<ul style="list-style-type: none"> To improve Discharge Communication in relation to Medication. 	<ul style="list-style-type: none"> Key area identified from patient survey as area to target in initial phase. Provision of discharge information (written and verbal) relating to medication in particular to be reviewed by nursing & pharmacy team. Nursing & pharmacy to collaborate on bridging gaps identified by providing training & education, patient information review and patient surveys. Feedback from patient survey to be incorporated into subsequent plan. 	<ul style="list-style-type: none"> Improvement in communication (verbal and written) with patient in relation to medications pre discharge. Patient feel supported in relation to queries that arise. 	Project launching Q4 2022 with planned completion for Q2 2023.



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Lack of replacement meal.	<ul style="list-style-type: none"> Improve patients mealtime experience. 	<ul style="list-style-type: none"> Audit mealtimes at present. Update & Revise Protected Mealtimes Policy. Awareness campaign in relation to protected mealtimes. Develop agreed method of requesting replacement meals. Identify champions to support rollout of campaign relaunch. 	<ul style="list-style-type: none"> Patients will not be disturbed at mealtimes. Patients will be aware of the snack and replacement meal options Staff will be aware of the snack and meal replacement options. 	Q4 2022
Assistance given during meal times.	<ul style="list-style-type: none"> Improve patients mealtime experience. 	<ul style="list-style-type: none"> Assistance with eating is available to all patients who require it. Meal time delivery staggered if necessary to ensure that food is hot when assistance is provided. Greater emphasis on identification of patients requiring assistance and on delivering assistance during all mealtimes. Provision of adapted utensils to support patient independence. 	<ul style="list-style-type: none"> Assistance will be offered to every patient who requires it during all mealtimes. Adapted utensils to be available. Highlighting system so that all members of staff are aware of patients who need assistance. 	Q1 2023



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Lack of information on medication changes, side effects, dangers signals, purpose of medications.	<ul style="list-style-type: none"> Improvements in the discharge process to enhance communication and information sharing between clinical staff and patients. 	<ul style="list-style-type: none"> Identify possible locations for discharge lounge and plan reinstatement of same (space & staffing dependant). Run pilot project on 'Know, Check, Ask' leaflets on a medical ward & posters distributed. Discharge leaflet distributed to all patients. Upload 'Managing your Medications on Discharge from Hospital' video to WGH website & display on OPD & ED information screens. 	<ul style="list-style-type: none"> Discharge Lounge reinstated, 'Know, Check, Ask' forms completed by patients. Develop promotional literature for '4 questions'. Provide medication safety information on WGH website and hospital information screens. 	Q1 2023

Dublin Midlands Hospital Group



- 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 would like to express my sincere gratitude to the almost 2000 services users in the Group's region who took part in the 2022 National Inpatient Experience Survey. This feedback provides a rich picture of patients' experiences, offers insights into what matters for patients and their families and importantly, informs the development of plans for patient engagement and quality improvements.

I am delighted to note that our hospitals have yet again received a very good rating on their overall performance, and I commend staff for this achievement. However, the survey also shows that there is room for improvement, so it is imperative that we continue to strive to deliver safer, more efficient and person centred health services by listening, learning and responding to our service users.

The feedback from the National Inpatient Experience Survey has been used across all the Groups hospitals as the basis for a range of quality improvement initiatives and service improvements. This year we are showcasing a fantastic patient-centred project by Tallaght University Hospital – the development of a “Patient Information Guide”. This is a really successful example of innovating to meet the needs of the patient and I would like to acknowledge all involved in this project. I am extremely impressed by the quality and standard of all the Groups projects contained within this report. I wish to acknowledge the dedication of staff, who in addition to their day to day work, continue to champion further development of services based on the survey feedback.

I acknowledge that in healthcare there will always be more to do and we must continue to drive forward with our quality improvement efforts. The National Inpatient Experience survey is a cornerstone for this vital work by giving a voice to all our service users.

Ní neart go cur le chéile.

Trevor O'Callaghan

Chief Executive Officer, Dublin Midlands Hospital Group



ADMISSION TO HOSPITAL

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Doctors and nurses do not always give patients' family or someone close information. The patient is not always given information about how to manage their condition. Doctors in ED do not always explain the patient's condition and treatment.	<ul style="list-style-type: none"> Roll out of the National Healthcare Communication Programme for staff in the Emergency Department and inpatient wards in the Midland Regional Hospital Portlaoise. 	<ul style="list-style-type: none"> Train Peer Facilitators in the delivery of the NHCP. Schedule Training dates. Issue invitations to workshops. 	<ul style="list-style-type: none"> Staff will further develop communication skills and interactions with our patients and their families. Improvement in communication skills. 	Q1 2023



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Patients do not know whom to talk to about their worries and fears. Patients do not know how their family or someone close can talk to a doctor.	<ul style="list-style-type: none"> Introduction of a Hospital Patient Information leaflet. 	<ul style="list-style-type: none"> Develop a Patient Information Leaflet. 	<ul style="list-style-type: none"> Hospital information will be provided to patients on admission. Patients will know who to talk to about their worries and fears when in hospital. Patients will know how their family or someone close can talk to a doctor. 	Q4 2022



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Patients are not advised of who to contact if they require information or support after discharge. Patients need to be Involved more in decisions about discharge, Patients are not informed what danger signals to look out for after discharge.	<ul style="list-style-type: none"> Embedding Patient Discharge Information Leaflet. 	<ul style="list-style-type: none"> QPS develop Patient Discharge Information Leaflet. Share leaflet with the discharge working group and the Senior Management Team (SMT). Share leaflet with staff for feedback and comment. Incorporate feedback into the leaflet and agree with the discharge working group and the SMT. Provide The Discharge Information Leaflet to all patients on admission to hospital to enable them to plan for their discharge and prepare any questions they would like to ask prior to discharge. 	<ul style="list-style-type: none"> Patients will be prepared for discharge equipped with a tool to advise them of how to plan for their discharge, by writing down questions. Patients will know who to contact after discharge if they require assistance or need more information about their medications. 	Q4 2022

> ADMISSION TO HOSPITAL

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improve patient flow and reduce waiting times to be seen in the Emergency Department from check in at reception desk through to admission to a ward or discharge from the department.	<ul style="list-style-type: none"> Waiting times in the Emergency Department. 	<ul style="list-style-type: none"> Revision of unscheduled care committee (Q3 2022) – Integrated USC group with CHO8 & primary care involvement established. Process mapping exercise to document actual and ideal patient flows through the ED. QIPS developed to address bottlenecks/ inefficiencies identified through process mapping. QIPS piloted and implemented. Recruitment of additional staff to the Emergency Department. Capacity planning for the Emergency Department – working with HSE estates in developing the acute floor footprint as well as working with CHO8 in developing a local injury unit (Q4 2024). 	<ul style="list-style-type: none"> Improved patient flow through the Emergency Department. Reduction in waiting times to be seen in the ED. Improved patient satisfaction. Improved PET times. 	Q2 2023

> DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improve communication between hospital staff and service users about potential medication side effects upon discharge.	<ul style="list-style-type: none"> Communication about medication side effects. 	<ul style="list-style-type: none"> World Patient Safety Day awareness campaign on Medication Safety. Scheduled for 15th September 2022 – WHO's focus for 2022 is med safety. Develop report document on results of 2022 NCES survey. Communicate results of 2022 NCES with all staff. Establish multidisciplinary hospital discharge working group (to include Consultant lead, ADON patient flow, med safety pharmacist, bed management, DNMs, CNMs, QPS, NCHD lead). <p><i>(continued on next page)</i></p>	<ul style="list-style-type: none"> Increased staff awareness on the importance of effective communication with service users regarding medication safety on discharge. Empowerment of service users to be involved in their care. Improved communication between healthcare providers and service users about medication safety. Streamlined and efficient discharge process including information provided to service users. 	Q2 2022



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS (CONTINUED)	WHAT WILL IMPROVE?	TIMELINE
Improve communication between hospital staff and service users about potential medication side effects upon discharge.	<ul style="list-style-type: none"> Communication about medication side effects. 	<ul style="list-style-type: none"> Working group to carry out full review of discharge process with particular focus on communication about med safety – process mapping, QIPS developed as a result of process mapping exercise to address gaps identified. Develop plan for roll out of National Healthcare Communication Programme. Review of medication reconciliation arrangements for patients due for discharge & QIPS developed. 		Q2 2022
To develop a discharge information leaflet to be given to all patients on their discharge from MRHT.	<ul style="list-style-type: none"> Information resources for service users. 	<ul style="list-style-type: none"> Develop report document on results of 2022 NCES survey. Communicate results of 2022 NCES with all staff. Develop discharge information leaflet containing info on med safety & danger signals to be aware of (discharge working group – see QIP 1). Info leaflet to be approved by D+T committee and then clinical governance committee. Pilot of use of information leaflet on one ward. Note: A medical ward will be chosen to pilot the leaflet before full rollout through the hospital. Reasons for choosing a medical ward: <ol style="list-style-type: none"> The majority of our IP discharges are from medical wards; and Most of hospitals NCES survey responses are from patients discharged from medical wards (64.5%). Roll out of discharge information leaflet to all wards. Develop audit plan on usage of PIL. 	<ul style="list-style-type: none"> Increased service user awareness on their care following discharge. Improved communication between healthcare providers and service users. Streamlined and efficient discharge process including information provided to service users. Increased service user satisfaction. 	Q2 2022



EXAMINATION, DIAGNOSIS & TREATMENT

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Information on treatment.	<ul style="list-style-type: none"> 'Time to Switch' – Switching from IV to Oral Antibiotics Quality Improvement Project. 	<ul style="list-style-type: none"> Leadership & Governance: a dedicated multidisciplinary QI team led by the AMR team and including nurses, doctors, pharmacists, pharmacy technicians, quality, risk & patient safety team and patients with regular team meetings & QI support, having the QI project on the agenda of shift handovers & MDT meetings. Communication & Education: Development and implementation of a "Time to Switch" poster on all wards, formal education sessions for doctors and nursing staff, informal interactions on the wards, prompts in the clinical notes, the inclusion of IV antibiotic duration in the daily nursing ward handover meeting and the use of visual tools on the ward to identify patients on intravenous antibiotics. Engaging & Empowering Patients: Empower and encourage patients to become more aware of their antibiotics treatments and to ask their doctor about their antibiotic therapy – 'Know, Check, Ask'. 	<ul style="list-style-type: none"> To reduce the patients that are suitable for oral antibiotics but are on IV antibiotics by 30% from 26% to 19% in 6 months. 	June 2023



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Information on medication information on discharge.	<ul style="list-style-type: none"> Focus on Discharge and VTE leaflets and medication side effect information to be given to patients at/prior to discharge. 	<ul style="list-style-type: none"> Review/improve Discharge Patient Information Leaflet (PIL). Ensure Discharge PIL and VTE leaflets are available on all wards. Discharge PIL and VTE leaflets and medication side effect information to be given to patients at/prior to discharge. 	<ul style="list-style-type: none"> Revision of the Discharge Patient Information Leaflet. Discharge leaflet and VTE leaflet to be available on all wards and given to all patients on discharge. Patients feel better informed on discharge. 	March 2023



OTHER ASPECTS OF CARE

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Opportunities for improvement.	<ul style="list-style-type: none"> To improve the effectiveness of the Leadership Quality & Safety Walk-Rounds in our hospital. 	<ul style="list-style-type: none"> Advance notice and explanation including a list of Suggested Topics (developed using PDSA) given to local manager. Leadership and QPS teams meet for 10 minutes in advance of the Walk-Round to share collective experience/evidence/challenges/opportunities for the relevant area/department. Local manager provided with feedback reports on patient experience (compliments, complaints, suggestions and the National Inpatient Experience Survey), clinical incidents and learnings from System Analysis Reviews (SARs), relevant risks on the corporate risk register, environmental audit results, staff compliance with mandatory training and update on actions from any previous Walk-Round to the area/department. Inclusion of Patients in Walk-Round. Inclusion of MDT in Walk-Round. Leadership and QPS teams meet for 10 minutes after the Walk-Round to debrief & maximise learning opportunities from the Walk-Round. Written feedback to manager after Walk-Round including learnings and actions. Leadership team regularly review completion of actions from Walk-Round. 	<ul style="list-style-type: none"> Improved awareness by the SMT regarding the experience of care by patients and staff, improved staff engagement, completion of agreed actions after each walk-round, determination of improvements made in wards/departments that are attributable to the walk-rounds. 	Preliminary review November 2022, final June 2023.



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Hospital food.	<ul style="list-style-type: none"> Hand held PDA: Real time Patient meal ordering and integration with EPR and PAS. 	<ul style="list-style-type: none"> Business Case completed. To be submitted to DMHG for initiative funding. Engagement with and agreement from Unions. Weight of waste reduction will be measurable. 	<ul style="list-style-type: none"> Patients will choose their own meal rather than the patient who was in their bed ordering the meal a day in advance. Improved traceability. Reduced waste. Monetary & time savings. 	Pending funding.



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Discharge Information.	<ul style="list-style-type: none"> Pharmacy Discharge Service in Acute Medicine. 	<ul style="list-style-type: none"> Medical Team refer targeted patients to Pharmacy Discharge Senior Pharmacist. Senior Pharmacist undertakes discharge reconciliation of prescription and counsels patients. 	<ul style="list-style-type: none"> Medical Team refer targeted patients to Pharmacy Discharge Senior Pharmacist. Senior Pharmacist undertakes discharge reconciliation of prescription and counsels patients. 	12 month business case approved to demonstrate POC. For review July 23.
	<ul style="list-style-type: none"> Rapid Improvement Event (RIE) facilitated by the Lean Management Office. 	<ul style="list-style-type: none"> The hospital CEO, Lean Management Team and Quality Safety Improvement Directorate Team will liaise and arrange RIE. 	<ul style="list-style-type: none"> TBC pending RIE. Desired outcome that Patients and their relatives will have information and instructions prior to discharge home. 	TBC



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Replacement Meal.	<ul style="list-style-type: none"> Promote replacement meals process, through staff education, staff memo and spotlight article in staff magazine. 	<ul style="list-style-type: none"> Nutrition & Hydration Committee to oversee the introduction of snack rounds. Communication piece to be undertaken to remind staff of this initiative. 	<ul style="list-style-type: none"> All patients will be offered a replacement meal or snack. 	Nov-22.
Someone to talk about your worries and fears.	<ul style="list-style-type: none"> Volunteers Programme (Meet Greet & Guide) currently in hospital atrium. Volunteers Programme (Meet Greet & Guide) introduced to Oncology Day Ward. Plan to launch in additional hospital areas including Haematology Day Ward. Re-opening of Volunteer Coffee Shop. Bespoke Survey to be developed to identify specific staff members with whom patients would like to discuss their worries and fears. 	<ul style="list-style-type: none"> Implementation and expansion of volunteer programmes. 	<ul style="list-style-type: none"> All patients have the opportunity to discuss their worries and fears if needed. 	Dec-22.



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication around medication.	<ul style="list-style-type: none"> Patient Information Brochure is under further development to enhance the content and the availability to patients and families. 	<ul style="list-style-type: none"> Medication Safety Co-ordinator has proposed additions to Patient Information Brochure. Patient information Brochure has been circulated to key stakeholders for updating. Patient Information Brochure to be sent for external printing. 	<ul style="list-style-type: none"> Enhanced information in the Patient Information Brochure. 	Dec 22.
	<ul style="list-style-type: none"> Promotion of "Know your medicine" and "5 things a patient can do to stay safe" infographics displayed on Quality Boards and presented at TUH Grand Rounds. 	<ul style="list-style-type: none"> Quality Board Committee agreed to schedule medication safety information on the ward quality boards on a rotational basis throughout the year. 		
	<ul style="list-style-type: none"> Various patient information around medication to be rotated and scheduled promotion throughout the year. 			
Communication on discharge.	<ul style="list-style-type: none"> Place prompt on Medical Discharge Checklist on ICT System (SNERGY) Electronic Patient Record. 	<ul style="list-style-type: none"> Engage with ICT and medical stakeholders to enhance patient Discharge Checklist. 	<ul style="list-style-type: none"> Prompt on SNERGY to ensure information shared with patient. 	Dec 22.
Clearer Communication & Leaflets on discharge.	<ul style="list-style-type: none"> Promote Hospital awareness with regard to usage of discharge information leaflets. 	<ul style="list-style-type: none"> Promote and educate staff on accessing information & ensure appropriate leaflets distributed to patients/families. 	<ul style="list-style-type: none"> Staff Awareness and improved communication and information for patients and their families. 	Dec 22

Feedback

All feedback in relation to this report is welcome.

Please send feedback to the report editor:

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