



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 |