



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