



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Nutrition.	<ul style="list-style-type: none"> <li>Finalise process of employing Ward Catering Assistants.</li> <li>Dedicated dietician support will be returned at the end of September after being absent for 2 years.</li> <li>Discussion has commenced around the purchase of new meal transport trolleys to ensure optimal temperature maintenance.</li> <li>CUH have explored digitised menu ordering system. CUH identified as pilot hospital site nationwide in collaboration with HSE Sustainability.</li> <li>A Catering Assistant has been appointed to the Emergency Department Rapid Access Stream providing breakfast, lunch &amp; tea packs with a view to expanding it to the Emergency Department.</li> </ul>	<ul style="list-style-type: none"> <li>Ward catering assistants will be ward based and will attend to all catering needs in a specific area including ordering menus.</li> <li>Nutritional content of meals provided will be monitored as per standard.</li> <li>Optimum temperature of meals will be maintained.</li> <li>Create a more user friendly and efficient way of ordering meals from the clinical areas.</li> <li>Patients who are awaiting treatment or awaiting a bed in ED for long hours will be able to access nutritious meals and drinks.</li> </ul>	<ul style="list-style-type: none"> <li>Dedicated staff member attending to all patients meals and nutrition &amp; hydration needs.</li> <li>Reliability of the nutritional content of meals.</li> <li>Meals will be at the correct temperature when they reach the patient.</li> <li>LEAN approach to ordering of meals, reduced food wastage as food ordering live.</li> <li>Attending to patients Activities of Daily Living when prolonged waiting in ED.</li> </ul>	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"> <li>Q-Pulse is being updated to make information easier to access for all staff.</li> <li>Enhanced ward clerk availability to be addressed with their role to include maintaining a stock of Patient Information Leaflets.</li> <li>Discharge coordinators are facilitating sessions for ward staff on complex discharges.</li> </ul>	<ul style="list-style-type: none"> <li>Q-Pulse upgrade is in progress. Patient Information Leaflets need to be developed for specific specialties. Quality &amp; Patient Safety Lead to liaise with their directorates in relation to PILS to be developed.</li> <li>Discuss the implementation of the ward clerk role at senior management meetings and the timeline involved.</li> <li>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 &amp; efficiently.</li> </ul> <p><i>(continued on next page)</i></p>	<ul style="list-style-type: none"> <li>Available patient information leaflets to inform them of their condition, treatment ongoing care.</li> <li>Easily accessible information for ward staff who are short of time.</li> <li>Safe reliable timely discharges.</li> </ul>	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"> <li>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).</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Reinforce the completion of the nursing discharge careplan. Consider the development of a MDT complex discharge checklist that must be completed &amp; signed by the MDT member prior to the patient being discharged.</li> <li>Reduce the amount of patients being discharged with sub optimal information and education.</li> <li>Encourage ward areas &amp; MDT to utilise the ward ipads to provide education, updates to families via Webex.</li> <li>Email relevant information to relatives with the patient's consent.</li> </ul>	<ul style="list-style-type: none"> <li>There is no gap in the transfer of patient information between healthcare facilities.</li> <li>Alternative methods of communication are utilised to inform &amp; educate patients and their families.</li> </ul>	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"> <li>Promote the National Healthcare Communication Programme. Introduce the learning pathway to all staff involved in patient care.</li> <li>Local guidelines available to ward staff to facilitate family visits in certain circumstances.</li> <li>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.</li> <li>Prepare staff for the implementation of the Assisted Decision Making (Capacity) Act.</li> <li>Develop process for elective patients to receive written information regarding their hospital stay (CUH Patient Information booklet, 2021) prior to admission.</li> <li>Develop process for emergency admissions to receive written information regarding their hospital stay on admission.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Ensure that visiting restrictions is on the agenda at senior management decision making meetings.</li> <li>Introduce the PAL to the clinical areas.</li> <li>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 HSEland.ie</li> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Empathetic, kind, friendly open communication with the service user and their family. Eliminate defensiveness attitude that is evident on the NIES.</li> <li>Improved communication with patients &amp; their families resulting in fewer complaints.</li> <li>Improved service user support.</li> <li>All patients will be deemed to have capacity and treated as such.</li> <li>Reduced anxiety on hospitalisation due to information prior to admission.</li> <li>Reduced anxiety due to hospitalisation due to empowering the patient on self care and preventative measures.</li> </ul>	Q4 2022