



CARE ON THE WARD

| AREA FOR IMPROVEMENT   | SPECIFIC QIP  | QIP ACTIONS  | WHAT WILL IMPROVE?  | TIMELINE  |
|--|---|--|---|---|
| <ul style="list-style-type: none"> <li>Food quality at bedside.</li> <li>Availability of fruits, vegetables and vegan choice identified as issue.</li> <li>Food offer not in line with special diets.</li> </ul> | <ul style="list-style-type: none"> <li>Rolling training programme for Catering staff to be revised.</li> <li>Food audits to be undertaken by Catering supervisors.</li> <li>Food services Dietitians work on all menus to comply with HSE Food Nutrition and Hydration Policy.</li> </ul> | <ul style="list-style-type: none"> <li>Design audit. Action plan to be generated from audits.</li> <li>Training programme for catering assistants to be revised.</li> <li>Oven calibration to be monitored.</li> <li>Review items bought from HSE food tender.</li> <li>Review menu items based on patient feedback.</li> <li>Selection of vegan options to be developed.</li> <li>Funding for food services Dietitians required. When approved and in post, plan project working with energy dense diet.</li> </ul> | <ul style="list-style-type: none"> <li>Food is visually appealing and presented correctly.</li> <li>Food is of high quality and tasty for the diets required.</li> <li>Patients are aware of the range of suitable foods available.</li> <li>Patients who require special diet will access a diet compliant with the HSE policy and access choice.</li> <li>Food regeneration should result in hot but not over dry meals. Tray layout as per agreed template.</li> <li>Some changes to food procured and hospital menu.</li> <li>Catering assistants Dietitians will have better knowledge of menu, menu items including new items.</li> <li>List of vegan food available.</li> <li>Availability of energy dense menu to support patient care in older person &amp; younger patient especially in cancer and spinal care.</li> </ul> | <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"> <li>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.</li> <li>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.</li> </ul> | <ul style="list-style-type: none"> <li>Evaluation of the work done to date, with G.P. contribution and feedback.</li> <li>Appropriate design changes with an initial focus on improvements for a Stroke context/ improving the experience for NCHDs.</li> <li>Working group around the extension of the Good Discharge Summary tool for wider audience (cross disciplines).</li> <li>Trial extension with 3 core services and evaluate prior to introducing the tool across the rest of the hospital.</li> <li>Parallel engagement with IT to support development and changes needed to current tools in order to input and carry information appropriately.</li> </ul> | <ul style="list-style-type: none"> <li>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.</li> <li>G.P.s will be able to support and explain future care to the patient. This will be of huge benefit to patients.</li> <li>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.</li> <li>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.</li> <li>IT tool will guide and helps improve the Discharge Summary Creation experience for NCHDs.</li> </ul> | <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   |
|---|--|--|---|--|
| <p>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.</p> | <ul style="list-style-type: none"> <li>• Campaign aimed at patients and staff to promote:                             <ol style="list-style-type: none"> <li>1. How to provide feedback;</li> <li>2. How to make a complaint.</li> </ol> </li> </ul> | <ul style="list-style-type: none"> <li>• Review current materials on Feedback and Complaints.</li> <li>• Develop Posters for wards and all public areas on Feedback and Complaints.</li> <li>• Heighten staff awareness on encouraging patients to provide feedback.</li> <li>• Develop mechanism for front line staff to record locally resolved feedback.</li> </ul> | <ul style="list-style-type: none"> <li>• Improve awareness for patients and family members on how to provide feedback and make a complaint.</li> <li>• Better understanding of how patient feedback is used to improve patient experience.</li> </ul> | <ul style="list-style-type: none"> <li>• Review of existing information and audit level of current awareness to be completed in Q4 2022.</li> <li>• Address gaps identified in audit to be completed in Q1 2023.</li> <li>• Implementation of mechanisms to improve awareness for patients/ family members on how to provide feedback/ make a complaint to be completed in Q2 2023.</li> </ul> |