

 **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"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Create a sustainable Visual Hospital platform at RHM.</li> <li>Improve Patient Flow.</li> <li>Focus on the levelling of discharges at RHM over 7 days.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Improve Patient Experience.</li> <li>Improve Patient Flow Processes at RHM.</li> <li>Improve Bed Utilisation.</li> </ul>	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"> <li>Rollout of 'Know, Check, Ask' campaign and VTE Alert Card to all patient discharges.</li> </ul>	<ul style="list-style-type: none"> <li>Chief Pharmacist will lead out and be accountable for progress.</li> <li>Information Stand in Main Concourse as a focus of information for staff.</li> <li>One-to-One Medication Brief Interventions with Patients as indicated prior to Discharge.</li> <li>Provision of relevant information for example VTE Alert Card to patients on discharge.</li> </ul>	<ul style="list-style-type: none"> <li>Feedback on subsequent NIES Report will improve in this area.</li> <li>Minimise risk in respect of patient care regarding Reported Medication Errors.</li> <li>Patients/carers/family members will have more information provided in relation to medication.</li> </ul>	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"> <li>Review of existing and Development of new information leaflets. Increase the awareness among staff and patient of the HSE BMJ resource.</li> </ul>	<ul style="list-style-type: none"> <li>Development of Data base of Patient information Leaflets accessible to all staff on Shared Central Folder in soft copy and hard copy.</li> <li>Project assigned to QPS Department with oversight by QPS Manager.</li> <li>Increase staff awareness of the HSE BMJ Best practice resources.</li> <li>Set Deadline for Q1 2023.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Greater visibility for Staff across all departments in the Hospital Setting of the information available to patients.</li> <li>Increased use of the available resources by hospital staff to support patients in their discharge and onward care.</li> <li>Ease of access to provide patients with appropriate information.</li> </ul>	Q1 2023