



CARE ON THE WARD

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Nutritional food choices, replacement meals and assistance at mealtimes should be available to meet patients dietary requirements and individual preferences.	<ul style="list-style-type: none"> Nutrition and Hydration Steering group to investigate feasibility of introducing menu cards at ward level. Continue to request feedback from patients and staff in relation to meals provided at ward level. Continue to monitor waste and use this information to guide meal provision. Regular audit of application of Mealtimes Matter Policy. Regular checking and analysis of the hospital menu to ensure compliance with the Nutrition and Hydration Policy for Acute Hospitals 2019. 	<ul style="list-style-type: none"> Ensure staff are educated on menu options available to patients including choices available for those requiring special diets and that patients are empowered and aware of menu options. Ensure that catering staff are aware of both the Mealtimes Matter Policy and the Missed Meal Guideline and that they receive the appropriate support to support its implementation. Catering management in conjunction with Nutrition and Hydration Steering Group will continue to review and adapt menu based on nutrition quality, patient and staff feedback and waste monitoring. Continue to work with other members of the MDT to improve compliance with Mealtimes Matter Policy. 	<ul style="list-style-type: none"> Improved patients understanding of the choices they have available to them for their meals. 100% compliance with hospital Mealtimes Matter Policy thereby providing patients with an environment conducive to maximising their mealtime enjoyment. This also emphasizes the importance of patients getting timely assistance as required and not missing their meals. 100% compliance with hospital 'missed meal guidelines' to ensure that patients who miss a meal are provided with an appropriate alternative. 	December 2022.



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Insufficient written information for patients on discharge. Particular areas mentioned were medication changes, follow up care and support after discharge as well as a lack of awareness regarding discharge plans.	<ul style="list-style-type: none"> Improve staff awareness on discharge planning and patient education. Improve involvement of patients and families in discharge planning. Improve patient information on the side effects of medication by promoting the National Medication Safety Programme 'Know, Check, Ask' campaign. 	<ul style="list-style-type: none"> Review and re-instate discharge leaflets. Agree a QIP plan with key members including pharmacy and cnm 11's to provide better education to patients regarding their medication. Roll out model ward to all surgical wards in SUH and further embed in all medical wards. Each clinical area will agree their own discharge information relevant to their speciality. World Patient Safety Day 'Medication Without Harm' has been promoted in hospital foyer through the use of an information stand. The process for issuing Discharge Information letters will be reviewed with view to issuing a copy to patients upon discharge. 	<ul style="list-style-type: none"> Increased knowledge for patients and their carers/families upon discharge. Patients to have a clear view on their plan of care and aware of any treatment changes. Discharge information leaflets will be updated and mechanism in place at local level to ensure patients receive correct information at ward level by relevant staff. 	Quarterly review throughout 2022 and 2023.



OTHER ASPECTS OF CARE

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>The National In-Patient Experience Survey has highlighted the lack of communication between patients and the Clinical staff and insufficient time to talk about their worries and concerns. Patients highlighted in the NIES that they did not feel comfortable talking/questioning the Clinical/Nursing team. Patients complained that there was insufficient privacy.</p>	<ul style="list-style-type: none"> • Make patients feel heard and supported. Improve staff communication skills. 	<ul style="list-style-type: none"> • In line with National Communication Strategy, all Heads of Service and management grades to complete communication module on HSE Land. Managers will use this education to Improved communication between their staff, Patients and their families. Each ward will have an information pack relevant to their speciality. Family room in medical North and medical south will be refurbished and screened to offer a quiet space for patients. Screens will be used where possible for patients on trollies in corridors. Whiteboards over the beds will be used to named nurse and consultant. 	<ul style="list-style-type: none"> • National Healthcare Communication Programme to be a core part on the training for all staff in SUH, commencing with management grades. • Provide readily assessable information for patients Make every contact count (MECC) reinforced. 	<p>Quarterly review throughout 2022 and 2023.</p>