ADMISSION TO HOSPITAL

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
• Ongoing outpatient treatment for care of returning patients with prescription or care monitoring requirements. • Large cohort of patients requiring regular repeat prescriptions, blood tests and ongoing care monitoring with an inefficient patient request system, resulting in excessive work for nursing staff, delays in communication and poor patient satisfaction. • Frequent last minute requests from patients requiring repeat prescriptions without recent bloods turning routine patient care tasks into urgent requirements on a daily basis.	• Roll out of myPatientSpace Mobile App (HSE OOCIO Pilot) tailored specifically by SVUH to fit the needs of specialty/service.	• Review Use Cases (based on HSE MOC) for Rheumatology & Haematology. • Build Patient Surveys and feedback forms. • Build blood test & tracking. • Build patient care flow in App. • Add Patient Education videos & text/PILs. • Select Patient pilot cohort. • Staff training. • Pilot Review. • Development of Business Case for app expansion & tender. • App rollout to other clinical areas - subject to business case, demand and requirements from clinicians & patients.	• Discharged patients will be provided access to myPatientSpace App (Rheumatology, Haematology, other implemented clinical areas) for Hi-Tech Biologic Prescription fulfilment, follow up treatment surveys, patient education & PILS, EPROMS, Blood Test booking & Uploads, and additional use cases as applied by Clinical Models of Care. • This shared platform between the patient and their specialty team will provide more streamlined, structured pathways to enhance the patients care journey. • The efficiencies built in to this platform will allow nursing staff to utilise this structure to apply more time and focus on patient care and education. • A built in notification to patients 1 month before they are due their prescription will give adequate time for both patients and nursing/clinical staff to arrange bloods to be preformed & reviewed, and prescriptions to be renewed on time, avoiding last minute requests and the risk of patients not receiving their medications on time.	In progress, pilot started in summer 2022 with tender and extension works starting Q3 2022. Roll out Q2 2023.

Complaints from patients & G.P.s due to the delay of patient correspondence being sent from hospital post discharge.	• Centralised Print & Mail Facility aiming at G.P. letters being sent faster.	• After the Tendering Stages:
		  1. Review all templates implementing the G.P. Code
		  2. Process work flow designed to assist with staff training
		  3. Staff training
		  4. Pilot monitoring and review
		  5. System roll-out to other clinical areas.
			• Improve timeliness of communication with patients' G.P.
			
			• Reduction in post going through SVUH postal service (collation of letters for a same G.P.).
				Project approved summer 2022 for roll out Q4 2022.

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AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Patients did not feel that they had sufficient information in relation to medication following discharge.	• To improve Discharge Communication in relation to Medication.	• Key area identified from patient survey as area to target in initial phase. • Provision of discharge information (written and verbal) relating to medication in particular to be reviewed by nursing & pharmacy team. • Nursing & pharmacy to collaborate on bridging gaps identified by providing training & education, patient information review and patient surveys. • Feedback from patient survey to be incorporated into subsequent plan.	• Improvement in communication (verbal and written) with patient in relation to medications pre discharge. • Patient feel supported in relation to queries that arise.	Project launching Q4 2022 with planned completion for Q2 2023.