



PATIENT FEEDBACK

Area for improvement: Within Croom Hospital patients can be unsure/lacking information on how to provide feedback and how to make a complaint. There is a missed learning opportunity to improve services as a result.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Increase awareness among patients on how to provide feedback (complaints/compliments/comments) on the health service they are receiving in the HSE Mid West.	<ul style="list-style-type: none"> To increase the number of Feedback boxes across the patient areas in the hospital. 	<ul style="list-style-type: none"> Patients will be better informed on how to provide feedback. 	Q4 2024
	<ul style="list-style-type: none"> To ensure that the Your Service Your Say Information Leaflet on Feedback is provided at pre-operative assessment for elective procedures & on admission for all other patients. 	<ul style="list-style-type: none"> Patients will be in receipt of Your Service Your Say information leaflet on admission, so they can highlight issues during their stay 	Q4 2024
	<ul style="list-style-type: none"> Patient Advocacy Liaison (PALs) Staff to meet with patients when on site and get real-time feedback. 	<ul style="list-style-type: none"> PALs managers will be able to provide real-time feedback from patients to the site management team. 	Q4 2024
	<ul style="list-style-type: none"> To complete the recruitment of the remaining Volunteers for Croom Hospital. 	<ul style="list-style-type: none"> Volunteers successfully recruited to support patient and their relatives. 	Q1 2025
	<ul style="list-style-type: none"> To review the Patient Information Booklets in operation within the Mid West and finalise a booklet for Croom Hospital which will provide clarification on how to provide feedback. 	<ul style="list-style-type: none"> A patient information booklet will be in place to inform patients and include information on your service your say. 	Q3 2025
	<ul style="list-style-type: none"> An agreed KPI: to obtain patient feedback in the region of 10% of monthly discharges, which will be monitored and reported on at site operations and patient experience survey. 	<ul style="list-style-type: none"> Minutes of meetings will indicate that complaints are actively being reviewed by the site management team and is on the agenda for a number of meetings. 	Q1 2025
	<ul style="list-style-type: none"> To review the Complaints Officer information for the Hospital available on the HSE website. 	<ul style="list-style-type: none"> HSE website is up to date and maintained for the Croom site. 	Q4 2025



PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
People with disability or long term condition had difficulty finding someone to talk to about their worries and their fears.	<ul style="list-style-type: none"> PALs officer to hold a staff awareness day to raise the issue with all staff. 	<ul style="list-style-type: none"> Staff awareness. 	Q4 2024
	<ul style="list-style-type: none"> Communication Training to be rolled out to staff to increase awareness and improve skills. 	<ul style="list-style-type: none"> Training records for staff will be available for review. 	Q3 2025
	<ul style="list-style-type: none"> Ward/department management teams will ensure that mobility fears/concerns are discussed in advance of a patients discharge. Quarterly audits being completed showing that mobility fears/concerns are being discussed and documented. 		Q4 2024
	<ul style="list-style-type: none"> Ward/department management teams will complete quarterly surveys to ensure patients mobility fears and worries are being discussed/ addressed at the onsite Patient Experience Committee. 		Q1 2025
	<ul style="list-style-type: none"> Chaplaincy Service Introduced in 2024. To explore increasing the service supplemented with patient volunteers on site as an additional support for inpatients and allow them to discuss their worry or their fears. 	<ul style="list-style-type: none"> Chaplaincy service expanded. 	Q1 2025



OTHER

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Some patients highlighted they had difficulty with the choice in their meals	<ul style="list-style-type: none"> A full review of the menu will be undertaken which will be informed by patients and supported by PALS. 	<ul style="list-style-type: none"> Patient Feedback will inform choices and options on the menu. 	Q3 2024
	<ul style="list-style-type: none"> To review the current approach to informing patients of what is on the menu. 	<ul style="list-style-type: none"> Patients fully informed on what is on the menu. 	Q3 2024
	<ul style="list-style-type: none"> To review the snacks on the Nutrition and Hydration round and ensure the patients know what is available. 	<ul style="list-style-type: none"> Patient awareness of options on Nutrition and Hydration Round. 	Q3 2024
	<ul style="list-style-type: none"> Regular Surveys to be completed by the N&H committee to inform potential changes required and feedback to the onsite Patient Experience Committee. 	<ul style="list-style-type: none"> Regular Surveys being completed by the N&H committee with changes implemented which are documented. 	Q3 2025
	<ul style="list-style-type: none"> To progress the implementation of the Plated Meal System to ensure meals are hot and what the patient ordered. 	<ul style="list-style-type: none"> Plated Meal System in place. 	Q3 2025
	<ul style="list-style-type: none"> Size of meals to be reviewed with Small, medium and large dinners offered. Patient will be asked for their preference on meal size so as not to get overwhelmed at meal times. 	<ul style="list-style-type: none"> Different size meals will be available to patients to choose from. 	Q4 2024
	<ul style="list-style-type: none"> Review of Day one post operation meals to include a lighter diet. 	<ul style="list-style-type: none"> Patients are offered a lighter meal option on day one post-surgery. 	Q4 2024