OTHER			
Examination, Diagnos	is & Treatment		
SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Discussion with the doctor regarding the giving of information about the patient's condition and treatment given.	 To be discussed at Consultants, ADON & CNM meetings. Open Disclosure and ADM policy in place. 	 Post rounds the nurse looking after the patient will clarify any questions the patient may have. The use of information leaflets as a method of information giving. PALS manager available to family and patients. Patients and families to be given appointment times to meet the Consultant and his/her team as requested. 	Currently in progress. This will be monitored on a quarterly basis.
Discharge or Transfer			
Involving the patient in decisions about their discharge from hospital.	Patients with deafness or a serious hearing impairment should be communicated to in a manner that the patients can understand.	 Access to tools to assist the patients with a disability such as hearing loss will have access to written information about their discharge plan. Patients will have access to an interpreter who can do sign language. Patients will feel empowered in their discharge planning. 	Currently available in some areas of the hospital eg. Endoscopy, SDW To be rolled out to the remaining areas. Q1 2025.
Catering – ensuring ev	ery patient's dietary requireme	ents are facilitated	
The patient was offered food that met their dietary requirements.	 Menu to be discussed daily with every patient. Access to a dietician Monday - Friday by referral. Diet texture to be identified daily by the catering department with the Nurse in charge. 	 Daily menus available with a choice of food. Access to dietician. Texture appropriate to the patients condition for every meal. 	Currently in progress and for review Q1 2025.

