



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Ensure staff, patients and families are aware on how to give feedback or make a complaint.	<ul style="list-style-type: none"> <li>Place 'Your Service Your Say' (YSYS) boxes, leaflets and A3 posters on each in and out patient area outlining who to contact with feedback and how to make a complaint in St. John's Hospital.</li> <li>Inform patients via Patient Information leaflet.</li> <li>A3 YSYS Poster will be displayed in all clinical areas explaining how to give service user feedback or make a complaint.</li> <li>Inform staff on induction on the YSYS process for all patients. This also will be covered during quarterly Complaints Officer Training in St. John's Hospital.</li> </ul>	<ul style="list-style-type: none"> <li>Patients will be aware on how to give feedback or make a complaint.</li> </ul>	End of Q4 2024



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

Area for improvement: Information to improve communication on discharge

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Do you feel that you received enough information from the hospital on how to manage your condition after your discharge?	<ul style="list-style-type: none"> <li>Review and update Patient Information Leaflet with specific focus on vulnerable patients, those with chronic illnesses, cognitive impairment those who require assistance with Activities of Daily Living (ADL) in the home. <ul style="list-style-type: none"> <li>Families/relevant persons will be informed by phone by nurse in charge/ treating doctor following admission in or transfer to other hospitals.</li> <li>Visiting times &amp; process to be updated on Patient Information leaflet.</li> </ul> </li> <li>Nominated team member will complete MDT sheet, provide updates to families and include families in MDT meetings.</li> <li>Improve communication on Predicted Discharge Date (PDD) to patient, families and other teams with specific focus on patients with long term chronic conditions, cognitive impairment and those who require assistance with ADL in the home. <ul style="list-style-type: none"> <li>On induction consultant to inform Non Consultant Hospital Doctors (NCHDs) on necessity to include home circumstances during admission and discharge planning and essentials of discharge advice for patients with long term chronic conditions, cognitive impairment and those who require assistance with ADL in the home and families.</li> <li>Discuss PDD with family and patient during admission to patient, families and other teams with specific focus on patients with long term chronic conditions, cognitive impairment and those who require assistance with ADL in the home.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Communication with healthcare professionals, patients and their families will improve.</li> <li>Communication will improve on: <ul style="list-style-type: none"> <li>Information shared with families via MDT meetings, regular phone updates.</li> <li>Accurate and timely information on visiting will give clear expectations to families on planning hospital visits.</li> <li>Medication on discharge with a focus on new medications prescribed during admission.</li> <li>Completion of discharge check list will ensure key information is communicated and shared prior to discharge.</li> </ul> </li> </ul>	Q4 2024



**PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION** *(Continued)*

Area for improvement: Information to improve communication on discharge

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Do you feel that you received enough information from the hospital on how to manage your condition after your discharge?	<ul style="list-style-type: none"> <li>Decision to discharge is communicated to patient and to nurse in charge.</li> <li>Develop a Discharge Checklist with specific focus on patients with long term chronic conditions, cognitive impairment and those who require assistance with ADL in the home to include:                             <ul style="list-style-type: none"> <li>Cautions and danger signals- what to look out for on discharge</li> <li>Explanation of current medical condition/ diagnosis</li> <li>Explanation of care and treatment received and plan.</li> </ul> </li> <li>Family to be made aware of community supports prior to discharge                             <ul style="list-style-type: none"> <li>Out patients follow up to be advised by medical team prior to discharge.</li> </ul> </li> <li>Say 1 Campaign - when a new medicine is started, the doctor tells the patient at least one side effect to watch out for. Information on patients' medication to improve at point of discharge.</li> <li>NCHD will audit use of medication reconciliation in Q4. This will be disseminated back through NCHD teaching sessions.</li> </ul>	<ul style="list-style-type: none"> <li>Communication with healthcare professionals, patients and their families will improve.</li> </ul>	Q4 2024



**OTHER (HOSPITAL FOOD)**

Area for improvement: To have hospital food consistently available outside set meal times due to procedures or tests

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Were you able to get hospital food outside set meal times?	<ul style="list-style-type: none"> <li>Catering team will Introduce patient meal satisfaction surveys to collect feedback on food services and identify areas for improvement.</li> <li>Improve communication between nursing and catering staff by ensuring prompt notification to catering staff about new patient admissions outside regular meal times to ensure timely meal service.</li> <li>Continue increased catering supervision during main meal times, by checking in with patients to ensure satisfaction and verify whether any meals have been missed.</li> <li>Ensure missed meal packs are regularly checked and available in ward fridges, accessible 24/7 for nursing staff to provide meals. If there is a dietary requirement identified, catering staff are contacted to address.</li> </ul>	<ul style="list-style-type: none"> <li>Create a structured feedback mechanism, allowing for continuous enhancements to the food services and ensure patient needs are being met.</li> <li>Ensure that patients admitted outside regular meal times promptly receive meals, enhancing food access.</li> </ul>	Q4 2024