



PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Thinking about your overall care, if you wanted to give feedback or make a complaint did you know how and where to do so.	<ul style="list-style-type: none"> <li>• Arrange to have a QR code or option for feedback and complaints to 'Your Service Your Say' and details of the PALs service in GUH.</li> <li>• Patient Information Leaflets recently updated and include a QR code which links directly to the HSE comments and feedback form.</li> <li>• Review 2023 Business cards developed by QPS for feedback.</li> <li>• Engage with Communications to review use of social media platforms with the aim of targeting the younger demographic and their engagement to provide feedback or make a complaint.</li> <li>• Engaging with GUH Patient Experience Multi-disciplinary Team and patients' representatives committee about our QIP.</li> <li>• Emphasise at CNM Monthly Minuted Meetings the importance of ensuring the patient knows the process for giving feedback and/or how to make a complaint.</li> <li>• Include education and feedback to ward staff at monthly minuted meetings/Handover/safety pauses at ward level about the NIES.</li> <li>• Raise awareness for the month of December on supporting patient engagement around giving feedback and how to make complaints.</li> </ul>	<ul style="list-style-type: none"> <li>• An increased awareness for the younger demographic with more information available on relatable platforms so that they are aware of whom to ask about giving feedback and on how to make a complaint if issue not resolved to satisfaction at ward level.</li> <li>• Front line staff feel empowered to offer support and know the correct pathway in addressing feedback and complaints.</li> </ul>	Q4 2024/ Q1 2025



PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improvement on: <ul style="list-style-type: none"> <li>- limitation on ADLS/ blindness or serious visual impairment</li> <li>- difficulty in learning, remembering or/ difficulty working or attending school/ college</li> <li>- intellectual disability</li> <li>- availability of hospital food outside of set mealtimes for those with a disability or long-term condition.</li> </ul>	<ul style="list-style-type: none"> <li>• For Hearing Impaired patients: Suggest to HR if provision of a programme in ISL (Irish Sign Language) would be offered to staff.</li> <li>• For Visually Impaired patients: Increase awareness of the importance of orientating the patient when leading them to their room and becoming familiar with their environment – enquire via HR re any programmes which are available to assist this learning.</li> <li>• Engage with services department Aramark and will discuss feedback with actions to address low scores and availability of food outside of set mealtimes and that is consistent on all wards.</li> <li>• Engage with services to review training requirements of catering staff to ensure patients:                             <ol style="list-style-type: none"> <li>(a) receive the correct meal</li> <li>(b) ensure food is hot</li> <li>(c) confirm prioritisation of red trays</li> <li>(d) feedback to the nurse if for example the patient did not eat</li> <li>(e) discuss times given to patients for mealtimes and ensures those who need extra time are afforded it.</li> </ol> </li> <li>• Ensure protected mealtimes enforced.</li> <li>• Red Tray Initiative whereby vulnerable patients are priorities daily in all wards in GUH so that their person centred feeding /dietary needs are met and assistance is provided as required in meeting Hydration and nutritional needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff empowered to care for patients with hearing and visually impaired patients.</li> </ul>	Q4 2024/ Q1 2025



OTHER

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> <li>Information on how to manage your condition after discharge.</li> <li>Waiting time for a bed.</li> </ul>	<ul style="list-style-type: none"> <li>Discharge Coordinator support on Patient Flow team. Nurses &amp; HSCPs at ward level to discuss condition and advise about correct escalation process. All involved in patient care to provide information on 'Next Steps' and 'danger signals/safety netting' and medication safety information.</li> <li>CNS/ANP support &amp; provision of information is available to patients following discharge for specialist areas.</li> <li>Continue auditing, monitoring of patient experience times.</li> <li>Improved processes through patient flow, cohorting phase 2, bed utilisation study and actions arising addressed, Average Length Of Stay (AvLOS) monitoring of metrics, deep dives, red to green bed occupancy (whiteboard).</li> <li>Cohorting Phase 2 implemented - metrics will be monitored re efficiencies and progress for same.</li> <li>Patient Experience Time (PET) - monitor metrics.</li> <li>Home by 11 promotion as part of Cohorting Phase 2.</li> </ul>	<ul style="list-style-type: none"> <li>Patient experience affording individuals more agency over expressing fears &amp; worries. Individual is proactively included in their plans around discharge/ supports in the community (IC).</li> <li>A process in place which ensures the patient receives the correct amount of information they need on discharge.</li> <li>HSCPS Nursing, Medicine ANPs CNS proactively discuss patient conditions during acute stay and on discharge.</li> <li>Reduction in patient waiting times for an admitted bed.</li> </ul>	<p>Q4 2024/ Q1 2025</p>