

Hospital Patient Safety Indicator Report

Hospital Name	Wexford General Hospital	Reporting Month	February 2017 <i>February 2017</i>
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- This report details the hospital's performance against some national and international measures of patient safety in acute hospitals.
- The metrics cover activities and performance areas including infection rates, staff hand hygiene, waiting times and clinical incidents.
- This report supports each hospital and hospital group to ensure a culture of quality and patient safety.
- We publish this report each month to assure our patients and staff that we prioritise patient safety and open disclosure.

Notes:

1. It is not intended that this report be used to compare performance of hospitals or hospital groups. Different hospitals specialise in treating patients with different and sometimes much more complex care needs, making comparisons between hospitals ineffective.
2. Metrics 1-3 measure infection control and staff hand hygiene practices in acute hospitals. These metrics are applied internationally as key indicators of infection control compliance. The targets for metrics 1 and 2 are international best practice targets. The target for metric 3 is an agreed target in the HSE's National Service Plan.
3. Metrics 4-8 measure access to and waiting times for services including emergency care, trauma care (for hip fractures), urgent endoscopy procedures and access to outpatient services. These metrics are based on national indicators and nationally agreed targets as set out in the HSE's National Service Plan.
4. Metric 9 and 10 measure clinical incidents reported to the National Incident Management System. A clinical incident is an event or circumstance which could have, or did lead to unintended and/ or unnecessary harm. Incidents include adverse events which result in harm; near misses which could have resulted in harm, but did not cause harm, either by chance or timely intervention. These metrics are indicators of patient safety in hospitals that are applied internationally.
5. Metric 11 is an indicator of medication safety in acute hospitals. This refers to any preventable event that may cause or lead to inappropriate use or patient harm while the medication is in the control of the healthcare professional or patient (WHO, 2009). The number of errors reported to the National Incident Management System is based on an internationally accepted metric applied in other countries.
6. The data reported includes maternity data where appropriate.



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Wexford General Hospital				February 2017	
Activity	Ref	Metric	Reporting Frequency	Target	This Month
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly	Less than 1 per 10,000 bed days	0.00
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly	Less than 2 per 10,000 bed days	1.00
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual	90%	92.80%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly	95%	N/A
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly	100%	99.40%
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly	100%	82.50%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly	85%	98.70%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly	0	0.00
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System	Monthly	Not applicable	75.10
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System	Monthly	Not applicable	0.00
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System	Monthly	Not applicable	0.00

The Hospital Patient Safety Indicator Report for Wexford General Hospital provides up to date information for management and clinicians who provide services in relation to a range of patient safety issues for the month of February 2017. The information in this Report is a core element of clinical governance and the management of hospital services within the above hospital and the Ireland East Hospital Group.

Hospital Manager / CEO: L. Byrne

Signature: L. Byrne

Group CEO: Ms. Mary Day


Signature: M. Day

Date: 18/8/17

Date: 23.08.2017

Hospital Name		St. Luke's General Hospital, Kilkenny	Reporting Month		February 2017
Activity	Ref	Metric	Reporting Frequency	Target	This Month
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly	Less than 1 per 10,000 bed days	0.00
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly	Less than 2 per 10,000 bed days	0.00
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual	90%	92.40%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly	95%	Not applicable
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly	100%	100.00%
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly	100%	92.40%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly	85%	96.70%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly	0	0.00
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	16.60
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.66
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00

The Hospital Patient Safety Indicator Report for St. Luke's Hospital, Kilkenny provides up to date information for management and clinicians who provide services in relation to a range of patient safety issues for the month of February 2017. The information in this Report is a core element of clinical governance and the management of hospital services within the above hospital and the Ireland East Hospital Group.

Hospital Manager / CEO: ANNE SLATTERY Signature: 

Group CEO: Ms. Mary Day

Signature: 

Date:

14/8/2017

Date:

15.08.2017

Hospital Patient Safety Indicator Report

Hospital Name	St. Micheal's Hospital Dun Laoghaire	Reporting Month	February 2017
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- This report details the hospital's performance against some national and international measures of patient safety in acute hospitals.
- The metrics cover activities and performance areas including infection rates, staff hand hygiene, waiting times and clinical incidents.
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Notes:

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2. Metrics 1-3 measure infection control and staff hand hygiene practices in acute hospitals. These metrics are applied internationally as key indicators of infection control compliance. The targets for metrics 1 and 2 are international best practice targets. The target for metric 3 is an agreed target in the HSE's National Service Plan.
3. Metrics 4-8 measure access to and waiting times for services including emergency care, trauma care (for hip fractures), urgent endoscopy procedures and access to outpatient services. These metrics are based on national indicators and nationally agreed targets as set out in the HSE's National Service Plan.
4. Metric 9 and 10 measure clinical incidents reported to the National Incident Management System. A clinical incident is an event or circumstance which could have, or did lead to unintended and/ or unnecessary harm. Incidents include adverse events which result in harm; near misses which could have resulted in harm, but did not cause harm, either by chance or timely intervention. These metrics are indicators of patient safety in hospitals that are applied internationally.
5. Metric 11 is an indicator of medication safety in acute hospitals. This refers to any preventable event that may cause or lead to inappropriate use or patient harm while the medication is in the control of the healthcare professional or patient (WHO, 2009). The number of errors reported to the National Incident Management System is based on an internationally accepted metric applied in other countries.
6. The data reported includes maternity data where appropriate.

Hospital Name		St. Micheal's Hospital Dun Laoghaire	Reporting Month		February 2017
Activity	Ref	Metric	Reporting Frequency	Target	This Month
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly	Less than 1 per 10,000 bed days	0.00
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly	Less than 2 per 10,000 bed days	0.00
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual	90%	89.50%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly	95%	Not available
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly	100%	Not applicable
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly	100%	Not applicable
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly	85%	93.30%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly	0	0.00
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	24.15
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.70
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00

The Hospital Patient Safety Indicator Report for St. Michael's Hospital, Dun Laoghaire provides up to date information for management and clinicians who provide services in relation to a range of patient safety issues for the month of February 2017. The information in this Report is a core element of clinical governance and the management of hospital services within the above hospital and the Ireland East Hospital Group.

Hospital Manager / CEO: S. Hurlagh

Signature: [Signature]

Group CEO: Ms. Mary Day

Signature: [Signature]

Date: 10/02/17

Date: 18.08.2017

Midlands Regional Hospital Mullingar					February 2017
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly	Less than 1 per 10,000 bed days	1.90
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly	Less than 2 per 10,000 bed days	5.80
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual	90%	95.20%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly	95%	Not applicable
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly	100%	97.30%
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly	100%	63.00%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly	85%	87.80%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly	0	0.00
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	22.86
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.39
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00

The Hospital Patient Safety Indicator Report for Midlands Regional Hospital Mullingar provides up to date information for management and clinicians who provide services in relation to a range of patient safety issues for the month of February 2017. The information in this Report is a core element of clinical governance and the management of hospital services within the above hospital and the Ireland East Hospital Group.

Hospital Manager / CEO: Sitwase Husgaur Signature: [Signature]
Group CEO: Ms. Mary Day Signature: [Signature]

Date: 2/5/17
Date: 02.05.2017

Mater Misericordiae University Hospital				February 2017	
Category	Ref	Measure	Reporting Frequency	Target	1st Month
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly	Less than 1 per 10,000 bed days	1.15
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly	Less than 2 per 10,000 bed days	1.15
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual	90%	92.90%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly	95%	100%
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly	100%	91.8%
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly	100%	48.80%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly	85%	83%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly	0	0.00
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	2.94
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00

The Hospital Patient Safety Indicator Report for Mater Misericordiae University Hospital provides up to date information for management and clinicians who provide services in relation to a range of patient safety issues for the month of February 2017. The information in this Report is a core element of clinical governance and the management of hospital services within the above hospital and the Ireland East Hospital Group.

Hospital Manager / CEO: _____ Signature: J. Loner O'Keefe
Group CEO: Ms. Mary Day Signature: [Signature]

Date: 27th April 2017
Date: 02.05.2017

Hospital Patient Safety Indicator Report

Hospital Name	Our Lady's Hospital Navan	Reporting Month	February 2017
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- This report details the hospital's performance against some national and international measures of patient safety in acute hospitals.
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3. Metrics 4-8 measure access to and waiting times for services including emergency care, trauma care (for hip fractures), urgent endoscopy procedures and access to outpatient services. These metrics are based on national indicators and nationally agreed targets as set out in the HSE's National Service Plan.
4. Metric 9 and 10 measure clinical incidents reported to the National Incident Management System. A clinical incident is an event or circumstance which could have, or did lead to unintended and/ or unnecessary harm. Incidents include adverse events which result in harm; near misses which could have resulted in harm, but did not cause harm, either by chance or timely intervention. These metrics are indicators of patient safety in hospitals that are applied internationally.
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6. The data reported includes maternity data where appropriate.

Our Lady's Hospital Navan					
Activity	Ref	Metric	Reporting Frequency	Target	This Month
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly	Less than 1 per 10,000 bed days	0.00
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly	Less than 2 per 10,000 bed days	0.00
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual	90%	89.00%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly	95%	Not available
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly	100%	Not applicable
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly	100%	Not applicable
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly	85%	88.90%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly	0	0.00
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	11.91
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.77
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00

The Hospital Patient Safety Indicator Report for Our Lady's Hospital Navan provides up to date information for management and clinicians who provide services in relation to a range of patient safety issues for the month of February 2017. The information in this Report is a core element of clinical governance and the management of hospital services within the above hospital and the Ireland East Hospital Group.

Hospital Manager / CEO: KEN FITZGIBBON Signature: [Signature]
Group CEO: Ms. Mary Day Signature: [Signature]

Date: 28/4/17
Date: 31/1/17

Hospital Patient Safety Indicator Report

Hospital Name	St. Vincent's University Hospital	Reporting Month	February 2017
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6. The data reported includes maternity data where appropriate.

St.Vincent's University Hospital					February 2017
Activity	Ref	Metric *1-8 Ref: HSE Business Intelligence Unit ** 9-11 Ref: Incidents occurring in the reported month to NIMS	Reporting Frequency	Target	This Month
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly	Less than 1 per 10,000 bed days	2.00
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly	Less than 2 per 10,000 bed days	2.60
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual	90%	92.90%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly	95%	Not available
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly	100%	95.00%
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly	100%	49.90%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly	85%	87.90%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly	0	0.00
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	11.4
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00

The Hospital Patient Safety Indicator Report for St. Vincent's University Hospital provides up to date information for management and clinicians who provide services in relation to a range of patient safety issues for the month of February 2017. The information in this Report is a core element of clinical governance and the management of hospital services within the above hospital and the Ireland East Hospital Group.

Hospital Manager / CEO: *Marie Keel* Signature: *Marie Keel*

Group CEO: Ms. Mary Day Signature: *Mary Day*

Date: *5/5/17*
Date: *5/5/17*

Hospital Patient Safety Indicator Report

Hospital Name	Royal Victoria Eye and Ear Hospital	Reporting Month	February 2017
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- This report details the hospital's performance against some national and international measures of patient safety in acute hospitals.
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3. Metrics 4-8 measure access to and waiting times for services including emergency care, trauma care (for hip fractures), urgent endoscopy procedures and access to outpatient services. These metrics are based on national indicators and nationally agreed targets as set out in the HSE's National Service Plan.
4. Metric 9 and 10 measure clinical incidents reported to the National Incident Management System. A clinical incident is an event or circumstance which could have, or did lead to unintended and/ or unnecessary harm. Incidents include adverse events which result in harm; near misses which could have resulted in harm, but did not cause harm, either by chance or timely intervention. These metrics are indicators of patient safety in hospitals that are applied internationally.
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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

		Royal Victoria Eye and Ear Hospital			February 2017
Activity	Ref	Metric	Reporting Frequency	Target	This Month
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph aureus bloodstream infection	Monthly	Less than 1 per 10,000 bed days	0.00
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C diff ile infection	Monthly	Less than 2 per 10,000 bed days	0.00
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual	90%	86.20%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly	95%	Not available
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly	100%	Not applicable
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly	100%	Not applicable
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly	85%	70.00%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly	0	Not applicable
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System	Monthly	Not applicable	30.30
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System	Monthly	Not applicable	0.00
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System	Monthly	Not applicable	0.00

The Hospital Patient Safety Indicator Report for Royal Victoria Eye and Ear Hospital provides up to date information for management and clinicians who provide services in relation to a range of patient safety issues for the month of February 2017. The information in this Report is a core element of clinical governance and the management of hospital services within the above hospital and the Ireland East Hospital Group.

Hospital Manager / CEO: _____

Signature: *Derry Day*

Date: 4/5/17

Group CEO: Ms. Mary Day

Signature: *Mary Day*

Date: 01.08.2017

Hospital Patient Safety Indicator Report

Hospital Name	Cappagh National Orthopaedic	Reporting Month	February 2017
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- This report details the hospital's performance against some national and international measures of patient safety in acute hospitals.
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3. Metrics 4-8 measure access to and waiting times for services including emergency care, trauma care (for hip fractures), urgent endoscopy procedures and access to outpatient services. These metrics are based on national indicators and nationally agreed targets as set out in the HSE's National Service Plan.
4. Metric 9 and 10 measure clinical incidents reported to the National Incident Management System. A clinical incident is an event or circumstance which could have, or did lead to unintended and/ or unnecessary harm. Incidents include adverse events which result in harm; near misses which could have resulted in harm, but did not cause harm, either by chance or timely intervention. These metrics are indicators of patient safety in hospitals that are applied internationally.
5. Metric 11 is an indicator of medication safety in acute hospitals. This refers to any preventable event that may cause or lead to inappropriate use or patient harm while the medication is in the control of the healthcare professional or patient (WHO, 2009). The number of errors reported to the National Incident Management System is based on an internationally accepted metric applied in other countries.
6. The data reported includes maternity data where appropriate.



Hospital Name		Reporting Month			
		Cappagh National Orthopaedic			
Activity	Ref	Metric	Reporting Frequency	Target	This Month
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly	Less than 1 per 10,000 bed days	0.00
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly	Less than 2 per 10,000 bed days	2 (1 new and 1 relapse) reported as an outbreak of C.Diff to the HPSC.
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual	90%	89.50%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly	95%	Not available
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly	100%	Not applicable
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly	100%	Not applicable
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly	85%	89.11%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly	0	Not applicable
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	23.00
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00

The Hospital Patient Safety Indicator Report for Cappagh National Orthopaedic Hospital provides up to date information for management and clinicians who provide services in relation to a range of patient safety issues for the month of February 2017. The information in this Report is a core element of clinical governance and the management of hospital services within the above hospital and the Ireland East Hospital Group.

Hospital Manager / CEO: ANGELA LEE

Signature: Angela Lee

Group CEO: Ms. Mary Day

Signature: Mary Day

Date: 22/4/17

Date: 28.04.2017

St. Columcille's Hospital			February 2017		
Activity	Risk	Activity	Frequency	Target	Performance
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly	Less than 1 per 10,000 bed days	3.30
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly	Less than 2 per 10,000 bed days	0.00
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual	90%	93.80%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly	95%	Not applicable
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly	100%	Not applicable
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly	100%	Not applicable
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly	85%	66.90%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly	0	5.00
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	5.90
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System	Monthly	Not applicable	0.00
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00

The Hospital Patient Safety Indicator Report for St. Columcille's Hospital provides up to date information for management and clinicians who provide services in relation to a range of patient safety issues for the month of February 2017. The information in this Report is a core element of clinical governance and the management of hospital services within the above hospital and the Ireland East Hospital Group.

Hospital Manager / CEO: [Signature]
Group CEO: Ms. Mary Day

Signature: [Signature]
Signature: [Signature]

Date: 20/12/17
Date: 05.01.2018