



Hospital Patient Safety Indicator Report

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Name		Wexford General Hospital		Reporting Month	January 2017
Purpose & Context		<p>This Report details the hospitals performance against some national and international ways of measuring (metrics) patient safety in acute hospital services.</p> <p>The metrics cover a number of hospital activities and performance areas including infection rates, staff hand hygiene, waiting times and clinical incidents.</p> <p>This Report will support each hospital and hospital group in driving a culture of quality and patient safety.</p>			
		<p>The objective in publishing the Report each month is to provide the public with the assurance that the hospitals' services are delivered in an environment that promotes patient safety and open disclosure.</p>			
		<p>It is not intended that the monthly Report is used for comparing hospitals or hospital groups. It is important to note that some of the bigger hospitals specialise in treating patients with more complex care needs. This means that clinical activity in these hospitals will be higher and therefore no comparisons should be drawn with other hospitals that do not look after patients who require complex care.</p>			
Activity	Ref	Reporting Frequency	Metric	Target	This Month
Health Care Associated Infections	1	Monthly	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. Aureus bloodstream infection	Less than 1 per 10,000 bed days used	1
	2	Monthly	The rate per 10,000 bed days used of new cases of Hospital acquired C. Difficile infection	Less than 2 per 10,000 bed days used	1
	3	Bi-annual	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	90%	92.8%
Surgery	4	Monthly	The percentage of emergency hip fracture surgery carried out within 48 hours	95%	n/a
Emergency Care and Patient Experience Time	5	Monthly	The percentage of patients who were waiting less than 24 hours in the Emergency Department	100%	99.2%
	6	Monthly	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	100%	82.2%
Outpatient Waiting Times	7	Monthly	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	85%	98.9%

Activity	Ref	Reporting Frequency	Metric	Target	This Month
Colonoscopy/ Gastrointestinal Service	8	Monthly	Number of people waiting greater than 4 weeks for an urgent colonoscopy	0	0
Incidents and Events	9	Monthly	The rate per 1000 bed days used of clinical incidents ¹ reported in the month to the National Incident Management System.	Not applicable	25.67
	10	Monthly	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	00.00
	11	Monthly	The rate per 1000 bed days used of medication incidents ² reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	00.00

The data reported above includes maternity data where appropriate

Metrics 1-3 measure infection control and staff hand hygiene practices in acute hospitals. The three metrics are applied internationally as key indicators of infection control compliance in acute hospitals. The targets for metrics 1 and 2 are international best practice targets. The target for metric 3 is an nationally agreed target on the National Service Plan.

Metrics 4-8 measure access and waiting times to key 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 National Service Plan

Metric 9 and 10 measure Clinical Incidents reported to the National Incidents Management System.

Again these metrics are indicators of patient safety in hospitals that are applied internationally

Metric 11 is an indicator of medication safety in acute hospitals. The number of errors reported to the National Incidents Management System is a national metric based on an internationally accepted metric applied in other countries.

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 January 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 Lily Byrne Signature RB Byrne

Group CEO: Ms Mary Day Signature _____

Date: _____

Mary Day

23.08.2017

¹ 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

² 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)



Hospital Patient Safety Indicator Report

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Name		Royal Victoria Eye and Ear Hospital		Reporting Month	January 2017
Purpose & Context		<p>This Report details the hospitals performance against some national and international ways of measuring (metrics) patient safety in acute hospital services.</p> <p>The metrics cover a number of hospital activities and performance areas including infection rates, staff hand hygiene, waiting times and clinical incidents.</p> <p>This Report will support each hospital and hospital group in driving a culture of quality and patient safety.</p>			
		<p>The objective in publishing the Report each month is to provide the public with the assurance that the hospitals' services are delivered in an environment that promotes patient safety and open disclosure.</p>			
		<p>It is not intended that the monthly Report is used for comparing hospitals or hospital groups. It is important to note that some of the bigger hospitals specialise in treating patients with more complex care needs. This means that clinical activity in these hospitals will be higher and therefore no comparisons should be drawn with other hospitals that do not look after patients who require complex care.</p>			
Activity	Ref	Reporting Frequency	Metric	Target	This Month
Health Care Associated Infections	1	Monthly	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. Aureus bloodstream infection	Less than 1 per 10,000 bed days used	00.00
	2	Monthly	The rate per 10,000 bed days used of new cases of Hospital acquired C. Difficile infection	Less than 2 per 10,000 bed days used	00.00
	3	Bi-annual	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	90%	86.2%
Surgery	4	Monthly	The percentage of emergency hip fracture surgery carried out within 48 hours	95%	n/a
Emergency Care and Patient Experience Time	5	Monthly	The percentage of patients iwho were waiting less than 24 hours in the Emergency Department	100%	n/a
	6	Monthly	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	100%	n/a
Outpatient Waiting Times	7	Monthly	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	85%	71.8%

Activity	Ref	Reporting Frequency	Metric	Target	This Month
Colonoscopy/ Gastrointestinal Service	8	Monthly	Number of people waiting greater than 4 weeks for an urgent colonoscopy	0	n/a
Incidents and Events	9	Monthly	The rate per 1000 bed days used of clinical incidents ¹ reported in the month to the National Incident Management System.	Not applicable	31.07
	10	Monthly	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	00.00
	11	Monthly	The rate per 1000 bed days used of medication incidents ² reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	00.00

The data reported above includes maternity data where appropriate

Metrics 1-3 measure infection control and staff hand hygiene practices in acute hospitals. The three metrics are applied internationally as key indicators of infection control compliance in acute hospitals. The targets for metrics 1 and 2 are international best practice targets. The target for metric 3 is a nationally agreed target on the National Service Plan.

Metrics 4-8 measure access and waiting times to key 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 National Service Plan

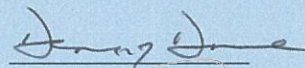
Metric 9 and 10 measure Clinical Incidents reported to the National Incidents Management System. Again these metrics are indicators of patient safety in hospitals that are applied internationally

Metric 11 is an indicator of medication safety in acute hospitals. The number of errors reported to the National Incidents Management System is a national metric based on an internationally accepted metric applied in other countries.

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 January 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.

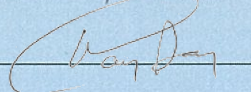
Hospital Manager / CEO Danny Duane

Signature:



Group CEO: Ms Mary Day

Signature:



Date: 15.08.2017

¹ 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

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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Patient Safety Indicator Report

Hospital Name		St Columcille's Hospital		Reporting Month	January 2017
Purpose & Context		<p>This Report details the hospitals performance against some national and international ways of measuring (metrics) patient safety in acute hospital services.</p> <p>The metrics cover a number of hospital activities and performance areas including infection rates, staff hand hygiene, waiting times and clinical incidents.</p> <p>This Report will support each hospital and hospital group in driving a culture of quality and patient safety.</p>			
		<p>The objective in publishing the Report each month is to provide the public with the assurance that the hospitals' services are delivered in an environment that promotes patient safety and open disclosure.</p>			
		<p>It is not intended that the monthly Report is used for comparing hospitals or hospital groups. It is important to note that some of the bigger hospitals specialise in treating patients with more complex care needs. This means that clinical activity in these hospitals will be higher and therefore no comparisons should be drawn with other hospitals that do not look after patients who require complex care.</p>			
Activity	Ref	Reporting Frequency	Metric	Target	This Month
Health Care Associated Infections	1	Monthly	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. Aureus bloodstream infection	Less than 1 per 10,000 bed days used	2.9
	2	Monthly	The rate per 10,000 bed days used of new cases of Hospital acquired C. Difficile infection	Less than 2 per 10,000 bed days used	2.9
	3	Bi-annual	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	90%	93.8%
Surgery	4	Monthly	The percentage of emergency hip fracture surgery carried out within 48 hours	95%	n/a
Emergency Care and Patient Experience Time	5	Monthly	The percentage of patients iwho were waiting less than 24 hours in the Emergency Department	100%	n/a
	6	Monthly	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	100%	n/a
Outpatient Waiting Times	7	Monthly	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	85%	66.6%

Activity	Ref	Reporting Frequency	Metric	Target	This Month
Colonoscopy/ Gastrointestinal Service	8	Monthly	Number of people waiting greater than 4 weeks for an urgent colonoscopy	0	3
Incidents and Events	9	Monthly	The rate per 1000 bed days used of clinical incidents ¹ reported in the month to the National Incident Management System.	Not applicable	0.86
	10	Monthly	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	00.00
	11	Monthly	The rate per 1000 bed days used of medication incidents ² reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	00.00

The data reported above includes maternity data where appropriate

Metrics 1-3 measure infection control and staff hand hygiene practices in acute hospitals. The three metrics are applied internationally as key indicators of infection control compliance in acute hospitals. The targets for metrics 1 and 2 are international best practice targets. The target for metric 3 is an nationally agreed target on the National Service Plan.

Metrics 4-8 measure access and waiting times to key 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 National Service Plan

Metric 9 and 10 measure Clinical Incidents reported to the National Incidents Management System.

Again these metrics are indicators of patient safety in hospitals that are applied internationally

Metric 11 is an indicator of medication safety in acute hospitals. The number of errors reported to the National Incidents Management System is a national metric based on an internationally accepted metric applied in other countries.

The Hospital Patient Safety Indicator Report for St Columille'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 January 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 *Andrew O'Leary* Signature: *Andrew O'Leary*

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

Date: 16/8/17

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Hospital Name:		St. Luke's General Hospital, Kilkenny	Reporting Month		January 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	1.4
	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	2.8
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual	90%	92.4%
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%	99.9%
	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%	94.8%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly	85%	96.1%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly	0	0
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	12.78
	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. 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 January 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 ~~KEEO~~ ANNE SLATTERY Signature: [Signature]

Group CEO: Ms. Mary Day Signature: [Signature]

Date: 14/8/2017
Date: 17.08.2017



Hospital Patient Safety Indicator Report

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Name		St Micheal's Hospital Dun Laoghaire		Reporting Month	January 2017
Purpose & Context		<p>This Report details the hospitals performance against some national and international ways of measuring (metrics) patient safety in acute hospital services.</p> <p>The metrics cover a number of hospital activities and performance areas including infection rates, staff hand hygiene, waiting times and clinical incidents.</p> <p>This Report will support each hospital and hospital group in driving a culture of quality and patient safety.</p>			
		<p>The objective in publishing the Report each month is to provide the public with the assurance that the hospitals' services are delivered in an environment that promotes patient safety and open disclosure.</p>			
		<p>It is not intended that the monthly Report is used for comparing hospitals or hospital groups. It is important to note that some of the bigger hospitals specialise in treating patients with more complex care needs. This means that clinical activity in these hospitals will be higher and therefore no comparisons should be drawn with other hospitals that do not look after patients who require complex care.</p>			
Activity	Ref	Reporting Frequency	Metric	Target	This Month
Health Care Associated Infections	1	Monthly	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. Aureus bloodstream infection	Less than 1 per 10,000 bed days used	00.00
	2	Monthly	The rate per 10,000 bed days used of new cases of Hospital acquired C. Difficile infection	Less than 2 per 10,000 bed days used	00.00
	3	Bi-annual	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	90%	89.5%
Surgery	4	Monthly	The percentage of emergency hip fracture surgery carried out within 48 hours	95%	n/a
Emergency Care and Patient Experience Time	5	Monthly	The percentage of patients iwho were waiting less than 24 hours in the Emergency Department	100%	n/a
	6	Monthly	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	100%	n/a
Outpatient Waiting Times	7	Monthly	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	85%	93.9%

Activity	Ref	Reporting Frequency	Metric	Target	This Month
Colonoscopy/ Gastrointestinal Service	8	Monthly	Number of people waiting greater than 4 weeks for an urgent colonoscopy	0	0
Incidents and Events	9	Monthly	The rate per 1000 bed days used of clinical incidents ¹ reported in the month to the National Incident Management System.	Not applicable	11.44
	10	Monthly	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	00.28
	11	Monthly	The rate per 1000 bed days used of medication incidents ² reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	00.00

The data reported above includes maternity data where appropriate

Metrics 1-3 measure infection control and staff hand hygiene practices in acute hospitals. The three metrics are applied internationally as key indicators of infection control compliance in acute hospitals. The targets for metrics 1 and 2 are international best practice targets. The target for metric 3 is a nationally agreed target on the National Service Plan.

Metrics 4-8 measure access and waiting times to key 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 National Service Plan

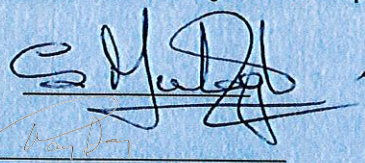
Metric 9 and 10 measure Clinical Incidents reported to the National Incidents Management System. Again these metrics are indicators of patient safety in hospitals that are applied internationally

Metric 11 is an indicator of medication safety in acute hospitals. The number of errors reported to the National Incidents Management System is a national metric based on an internationally accepted metric applied in other countries.

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 January 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. MURTAGH

Signature:



Group CEO: Ms Mary Day

Signature:



Date: 18.08.2017

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Hospital Patient Safety Indicator Report

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Name		Regional Hospital Mullingar		Reporting Month	January 2017
Purpose & Context		<p>This Report details the hospitals performance against some national and international ways of measuring (metrics) patient safety in acute hospital services.</p> <p>The metrics cover a number of hospital activities and performance areas including infection rates, staff hand hygiene, waiting times and clinical incidents.</p> <p>This Report will support each hospital and hospital group in driving a culture of quality and patient safety.</p>			
		<p>The objective in publishing the Report each month is to provide the public with the assurance that the hospitals' services are delivered in an environment that promotes patient safety and open disclosure.</p>			
		<p>It is not intended that the monthly Report is used for comparing hospitals or hospital groups. It is important to note that some of the bigger hospitals specialise in treating patients with more complex care needs. This means that clinical activity in these hospitals will be higher and therefore no comparisons should be drawn with other hospitals that do not look after patients who require complex care.</p>			
Activity	Ref	Reporting Frequency	Metric	Target	This Month
Health Care Associated Infections	1	Monthly	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. Aureus bloodstream infection	Less than 1 per 10,000 bed days used	1.8
	2	Monthly	The rate per 10,000 bed days used of new cases of Hospital acquired C. Difficile infection	Less than 2 per 10,000 bed days used	3.5
	3	Bi-annual	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	90%	95.2%
Surgery	4	Monthly	The percentage of emergency hip fracture surgery carried out within 48 hours	95%	N/A
Emergency Care and Patient Experience Time	5	Monthly	The percentage of patients iwho were waiting less than 24 hours in the Emergency Department	100%	96.7%
	6	Monthly	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	100%	49.4%
Outpatient Waiting Times	7	Monthly	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	85%	87.3%

Activity	Ref	Reporting Frequency	Metric	Target	This Month
Colonoscopy/ Gastrointestinal Service	8	Monthly	Number of people waiting greater than 4 weeks for an urgent colonoscopy	0	0.00
Incidents and Events	9	Monthly	The rate per 1000 bed days used of clinical incidents ¹ reported in the month to the National Incident Management System.	Not applicable	16.84
	10	Monthly	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	0.35
	11	Monthly	The rate per 1000 bed days used of medication incidents ² reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	00.00

The data reported above includes maternity data where appropriate


Metrics 1-3 measure infection control and staff hand hygiene practices in acute hospitals. The three metrics are applied internationally as key indicators of infection control compliance in acute hospitals. The targets for metrics 1 and 2 are international best practice targets. The target for metric 3 is a nationally agreed target on the National Service Plan.

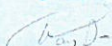
Metrics 4-8 measure access and waiting times to key services including emergency care, trauma care (for hip fractures), urgent endoscopy procedures and access to outpatient services/ These metrics are based on national indicators and nationally agreed targets as set out in the HSE National Service Plan

Metric 9 and 10 measure Clinical Incidents reported to the National Incidents Management System. Again these metrics are indicators of patient safety in hospitals that are applied internationally

Metric 11 is an indicator of medication safety in acute hospitals. The number of errors reported to the National Incidents Management System is a national metric based on an internationally accepted metric applied in other countries.

The Hospital Patient Safety Indicator Report for 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 January and year 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 SHONA SCHWEGMAN Signature: 

Group CEO: MARY DAY Signature: 

Date: 2/5/17

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Hospital Name		Mater Misericordiae University Hospital			January 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	0.53	
	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	2.12	
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual	90%	92.9%	
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly	95%	80%	
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%	40.80%	
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly	85%	84%	
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	3.39	
	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. Garra D'Kene Date: 27th April 2017
Group CEO: Ms. Mary Day Signature: [Signature] Date: 02.05.2017

Hospital Patient Safety Indicator Report

Hospital Name	St Vincent's University Hospital	Reporting Month	January 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.
- 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.

Hospital Name:	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	0.6
	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	4.9
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual	90%	92.9%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly	95%	92.9%
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%
	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%	52.4%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly	85%	88.8%
Colonoscopy/Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly	0	0
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	00.00
	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	00.00

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 January 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 Mickael Keane Signature: [Signature]
Group CEO: Ms. Mary Day [Signature] Signature: [Signature]

Date: 25/1/17
Date: 31/1/17



Hospital Patient Safety Indicator Report

Féidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Name		Cappagh National Orthopaedic	Reporting Month	January 2017		
Purpose & Context		<p>This Report details the hospitals performance against some national and international ways of measuring (metrics) patient safety in acute hospital services.</p> <p>The metrics cover a number of hospital activities and performance areas including infection rates, staff hand hygiene, waiting times and clinical incidents.</p> <p>This Report will support each hospital and hospital group in driving a culture of quality and patient safety.</p>				
		<p>The objective in publishing the Report each month is to provide the public with the assurance that the hospitals' services are delivered in an environment that promotes patient safety and open disclosure.</p>				
		<p>It is not intended that the monthly Report is used for comparing hospitals or hospital groups. It is important to note that some of the bigger hospitals specialise in treating patients with more complex care needs. This means that clinical activity in these hospitals will be higher and therefore no comparisons should be drawn with other hospitals that do not look after patients who require complex care.</p>				
Activity	Ref	Reporting Frequency	Metric	Target	This Month	
Health Care Associated Infections	1	Monthly	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. Aureus bloodstream infection	Less than 1 per 10,000 bed days used	0.00	
	2	Monthly	The rate per 10,000 bed days used of new cases of Hospital acquired C. Difficile infection	Less than 2 per 10,000 bed days used	16.5	
	3	Bi-annual	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	90%	89.5%	
Surgery	4	Monthly	The percentage of emergency hip fracture surgery carried out within 48 hours	95%	N/A	
Emergency Care and Patient Experience Time	5	Monthly	The percentage of patients who were waiting less than 24 hours in the Emergency Department	100%	N/A	
	6	Monthly	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	100%	N/A	
Outpatient Waiting Times	7	Monthly	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	85%	96.5%	

Activity	Ref	Reporting Frequency	Metric	Target	This Month
Colonoscopy/ Gastrointestinal Service	8	Monthly	Number of people waiting greater than 4 weeks for an urgent colonoscopy	0	N/A
Incidents and Events	9	Monthly	The rate per 1000 bed days used of clinical incidents ¹ reported in the month to the National Incident Management System.	Not applicable	00.00
	10	Monthly	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	00.00
	11	Monthly	The rate per 1000 bed days used of medication incidents ² reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	00.00

The data reported above includes maternity data where appropriate

Metrics 1-3 measure infection control and staff hand hygiene practices in acute hospitals. The three metrics are applied internationally as key indicators of infection control compliance in acute hospitals. The targets for metrics 1 and 2 are international best practice targets. The target for metric 3 is a nationally agreed target on the National Service Plan.

Metrics 4-8 measure access and waiting times to key 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 National Service Plan

Metric 9 and 10 measure Clinical Incidents reported to the National Incidents Management System.

Again these metrics are indicators of patient safety in hospitals that are applied internationally

Metric 11 is an indicator of medication safety in acute hospitals. The number of errors reported to the National Incidents Management System is a national metric based on an internationally accepted metric applied in other countries.

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 January 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 Angele Lee Signature: Angele Lee

Group CEO: Ms Mary Day

Signature: [Signature]

Date: 31/5/17

¹ 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

² 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).



Hospital Patient Safety Indicator Report

Hospital Name		Our Lady's Hospital Navan		Reporting Month	January 2017
Purpose & Context		<p>This Report details the hospitals performance against some national and international ways of measuring (metrics) patient safety in acute hospital services.</p> <p>The metrics cover a number of hospital activities and performance areas including infection rates, staff hand hygiene, waiting times and clinical incidents.</p> <p>This Report will support each hospital and hospital group in driving a culture of quality and patient safety.</p>			
		<p>The objective in publishing the Report each month is to provide the public with the assurance that the hospitals' services are delivered in an environment that promotes patient safety and open disclosure.</p>			
		<p>It is not intended that the monthly Report is used for comparing hospitals or hospital groups. It is important to note that some of the bigger hospitals specialise in treating patients with more complex care needs. This means that clinical activity in these hospitals will be higher and therefore no comparisons should be drawn with other hospitals that do not look after patients who require complex care.</p>			
Activity	Ref	Reporting Frequency	Metric	Target	This Month
Health Care Associated Infections	1	Monthly	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. Aureus bloodstream infection	Less than 1 per 10,000 bed days used	00.00
	2	Monthly	The rate per 10,000 bed days used of new cases of Hospital acquired C. Difficile infection	Less than 2 per 10,000 bed days used	00.00
	3	Bi-annual	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	90%	89%
Surgery	4	Monthly	The percentage of emergency hip fracture surgery carried out within 48 hours	95%	n/a
Emergency Care and Patient Experience Time	5	Monthly	The percentage of patients iwho were waiting less than 24 hours in the Emergency Department	100%	n/a
	6	Monthly	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	100%	n/a
Outpatient Waiting Times	7	Monthly	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	85%	88.6%

Activity	Ref	Reporting Frequency	Metric	Target	This Month
Colonoscopy/ Gastrointestinal Service	8	Monthly	Number of people waiting greater than 4 weeks for an urgent colonoscopy	0	21
Incidents and Events	9	Monthly	The rate per 1000 bed days used of clinical incidents ¹ reported in the month to the National Incident Management System.	Not applicable	2.03
	10	Monthly	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	00.00
	11	Monthly	The rate per 1000 bed days used of medication incidents ² reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	00.00

The data reported above includes maternity data where appropriate

Metrics 1-3 measure infection control and staff hand hygiene practices in acute hospitals. The three metrics are applied internationally as key indicators of infection control compliance in acute hospitals. The targets for metrics 1 and 2 are international best practice targets. The target for metric 3 is an nationally agreed target on the National Service Plan.

Metrics 4-8 measure access and waiting times to key 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 National Service Plan

Metric 9 and 10 measure Clinical Incidents reported to the National Incidents Management System.

Again these metrics are indicators of patient safety in hospitals that are applied internationally

Metric 11 is an indicator of medication safety in acute hospitals. The number of errors reported to the National Incidents Management System is a national metric based on an internationally accepted metric applied in other countries.

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 January 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 Ker Fitzgerald Signature: Ker Fitzgerald
 Group CEO: Ms Mary Day Signature: Mary Day
 Date: 04.08.2017

¹ 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

² 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)