

5

6

Emergency

Experience

Outpatient

Waiting Times

Care and

Patient

Time

Monthly

Monthly

Monthly

Hospital Name	TO STATE OF THE	SPELLA	Wexford (	General Hospital Reporting Month	January 2	2017
			ways of m The metri infection ra	rt details the hospitals performance against some easuring (metrics) patient safety in acute hospital cs cover a number of hospital activities and peates, staff hand hygiene, waiting times and clinically rt will support each hospital and hospital group it safety.	ll services. erformance are al incidents.	eas including
Purpose & Conto	ext		assurance	tive in publishing the Report each month is to that the hospitals' services are delivered in an ety and open disclosure.	-	
		   	hospital g treating pa these hos other hosp	ntended that the monthly Report is used for proups. It is important to note that some of the batients with more complex care needs. This mappitals will be higher and therefore no comparisonals that do not look after patients who require one	igger hospitals eans that clinic ons should be omplex care.	specialise in cal activity in
Ayorokvirgy	lk@t	Maria	manty.	Netrite:	Tangar 1	Month
Health Care Associated Infections	1	Mon	thly	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	Mon	thly	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-ar	ากนสใ	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	90%	92.8%
Surgery	4	Mon	thly	The percentage of emergency hip fracture	95%	n/a

surgery carried out within 48 hours

waiting less than 24 hours in the

Emergency Department

hours of registration

appointment

The percentage of patients iwho were

The percentage of patients aged 75 years

or over who were admitted or discharged

from the Emergency Department within 9

The percentage of patients waiting less

than 52 weeks for their first outpatient

100%

100%

85%

99.2%

82.2%

98.9%

Á cia (vijay	(Řísal)	Repositions Frequency (\$)	Migroe	Taidgeir	Tilitis Kikoiitili
Colonoscopy/	8	Monthly	Number of people waiting greater than 4	0	0
Gastrointestinal Service			weeks for an urgent colonoscopy		
Incidents and	9	Monthly	The rate per 1000 bed days used of	Not	25.67
Events			clinical incidents <sup>1</sup> reported in the month to the National Incident Management System.	applicable	
	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
The law	11	Monthly	The rate per 1000 bed days used of medication incidents <sup>2</sup> reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	00.00

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 Januar 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.	) <b>y</b>
Hospital Manager / GEO WY BYW Signature & BYW	
Group CEO: Ms. Mary Day Signature:	
Date:	

<sup>&</sup>lt;sup>1</sup> 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

<sup>&</sup>lt;sup>2</sup> 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 Name	Royal Victoria Eye and Ear Hospital	Reporting Month	January 2017						
	This Report details the hospitals perform								
	ways of measuring (metrics) patient sa								
	The metrics cover a number of hosp	The second recorded the second							
infection rates, staff hand hygiene, waiting times and clinical incidents									
	This Report will support each hospital	and hospital group in d	riving a culture of quality						
	and patient safety.								
	The objective in publishing the Repor	t each month is to pro	ovide the public with the						
Purpose & Context	assurance that the hospitals' services								
	patient safety and open disclosure.								
	It is not intended that the monthly	Report is used for a	comparing hospitals or						
	hospital groups. It is important to note								
		ns that clinical activity in							
	these hospitals will be higher and the	erefore no comparison	s should be drawn with						
	other hospitals that do not look after pa	atients who require com	plex care.						

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	5	Monthly	The percentage of patients iwho were waiting less than 24 hours in the Emergency Department	100%	n/a
Experience 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 <sup>1</sup> 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 <sup>2</sup> reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	00.00

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.

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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 DONNE Signature:

Group CEO:

Ms Mary Day

Signature:

Date:

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

<sup>&</sup>lt;sup>2</sup> 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)

## eidhmeannacht na Seirbhíse Sláinte

	NS CARSO					Healti	1 Service Exec
Hospital Name			St Columo	ille's Hospital	Reporting Month	January 2	2017
Purpose & Contex	<b>c</b> t		ways of me The metric infection ra This Repor and patient The object assurance patient safe  It is not in hospital ge treating pa these hosp	t details the hospitals performation to details the hospitals patient sates cover a number of hospitals tes, staff hand hygiene, wait twill support each hospital at safety.  In the hospitals' services bety and open disclosure.  Intended that the monthly roups. It is important to note tients with more complex could be higher and the stals that do not look after patients.	fety in acute hospital tal activities and pering times and clinical and hospital group in the each month is to pare delivered in an each tall some of the big are needs. This means the each month is to pare for the comparison are needs. This means the each month is to pare for the big are needs. This means the each month is to pare for the big are needs. This means the each month is to pare for the big are needs.	services. formance ar incidents. driving a cul rovide the p environment t comparing ager hospitals ans that clini ons should b	eas including ture of quality ublic with the hat promotes  hospitals o s specialise ir cal activity ir
Activity	Ref	中国 医医电池	porting equency	Metric		Target	This Month
Health Care Associated Infections	1	Мо	onthly	The rate per 10,000 bed cases of Hospital acquire bloodstream infection		Less than 1 per 10,000 bed days	2.9

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
1 ·	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	5	Monthly	The percentage of patients iwho were waiting less than 24 hours in the Emergency Department	100%	n/a
Experience Time	Experience 6 Monthly The percentage of patients aged 75 years		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 Metric		Target	This Month	
Colonoscopy/ Gastrointestinal Service	8	Monthly	Number of people waiting greater than 4 weeks for an urgent colonoscopy		3
Incidents and Events	9	Monthly  The rate per 1000 bed days used of clinical incidents¹ reported in the moto the National Incident Management System.		Not applicable	0.86
10 Monthly		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
# ***			The rate per 1000 bed days used of medication incidents <sup>2</sup> reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	00.00

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 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 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 Signature: Signature: Signature: Date: 1678717

<sup>&</sup>lt;sup>1</sup> 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

<sup>&</sup>lt;sup>2</sup> 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 Name:		St. Luke's General Hospital, Kilkenny	Reporting	January 2017	
Activity		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 of patients of patients of the internal services in relation to a range of patients of the internal services in relation to a range of patients of the internal services in relation to a range of patients of the internal services in relation to a range of patients of the internal services in relation to a range of patient of the internal services in relation to a range of patients of the internal services in relation to a range of patients of the internal services in relation to a range of patients of the internal services in relation to a range of patients of the internal services in relation to a range of patients of the internal services in relation to a range of patients of the internal services in relation to a range of patients of the internal services in relation to a range of patients of the internal services in relation to a range of patients of the internal services in relation to a range of patients of the internal services in relation to a range of patients of the internal services in relation to a range of patients of the internal services in relation to a range of patients of the internal services in the internal s	gement ar	nd clinicians who provide
and the management of hospital society issues for the month of January 2017. The information in this Report is a capital and the management of hospital society within the above hospital and the Management of hospital society issues to the month of January 2017. The information in this Report is a capital and the management of hospital society issues to the month of January 2017.	ore eleme	ent of clinical governance
Hospital Manager / SED ANNS SUATISH Signature:	Date:	14/8/2017.
Group CEO: Ms. Mary Day Signature:	Date:	18.08.2017



Hospital Name	St Micheal's Hospital Dun Laoghaire	Reporting Month	January 2017
	This Report details the hospitals perfor		
	ways of measuring (metrics) patient sa	fety in acute hospital s	ervices.
	The metrics cover a number of hospi infection rates, staff hand hygiene, wait This Report will support each hospital and patient safety.	ting times and clinical i	ncidents.
Purpose & Context	The objective in publishing the Repor assurance that the hospitals' services patient safety and open disclosure.	•	
	It is not intended that the monthly hospital groups. It is important to note treating patients with more complex of these hospitals will be higher and the other hospitals that do not look after page	e that some of the bigg are needs. This mear erefore no comparisor	er hospitals specialise in ns that clinical activity in ns should be drawn with

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	5	Monthly	The percentage of patients iwho were waiting less than 24 hours in the Emergency Department	100%	n/a
Experience Time	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 <sup>1</sup> 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
The data was at	11	Monthly	The rate per 1000 bed days used of medication incidents <sup>2</sup> reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	00.00

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 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 / CEOS. MULTACH Signature:

**Group CEO:** 

Ms Mary Day

Signature:

Date:

<sup>&</sup>lt;sup>1</sup> 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

<sup>&</sup>lt;sup>2</sup> 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 Name	Regional Hospital Mullingar	Reporting Month	January 2017
	This Report details the hospitals performance ways of measuring (metrics) patient satisfies a number of hospital formation rates, staff hand hygiene, wait This Report will support each hospital and patient safety.	fety in acute hospital sital activities and perfo ting times and clinical i	ervices. ormance areas including ncidents.
Purpose & Context	The objective in publishing the Repor assurance that the hospitals' services patient safety and open disclosure.		
	It is not intended that the monthly hospital groups. It is important to note treating patients with more complex of these hospitals will be higher and the other hospitals that do not look after page	e that some of the bigg are needs. This mear erefore no comparison	er hospitals specialise in ns that clinical activity in ns should be drawn with

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	5	Monthly	The percentage of patients iwho were waiting less than 24 hours in the Emergency Department	100%	96.7%
Experience Time	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 <sup>1</sup> 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 <sup>2</sup> reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	00.00

**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.

	Many Signature: Show Show
Group CEO: MARY DAY.	Signature:
Date: 2 5717.	

<sup>&</sup>lt;sup>1</sup> 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

<sup>&</sup>lt;sup>2</sup> 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)



		Mater Misericordiae University Hospital			January 2017
Activity	Ref	Metric	eporting requency	Target.	This Month
Health Care Associated Infections	П	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
	ന	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual	%06	92.9%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly	%56	80%
Emergency Care and Patient Experience Time	2	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly	100%	91.8%
	9	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	%58	84%
Colonoscopy/ Gastrointestinal Service	<b>∞</b>	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly	0	0.00
Incidents and Events	6	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	00:00

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.

Date: 27 <sup>th</sup> April 2017	Date: 02.05.2017
Signature: [ ] (may 0 Kene	Signature:
Hospital Manager / CEO:	Group CEO: Ms. Mary Day



St. Vincent's University Hospital January 2017

- 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:

- 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.
- as key indicators of infection control compliance. The targets for metrics 1 and 2 are international best practice targets. The target Metrics 1-3 measure infection control and staff hand hygiene practices in acute hospitals. These metrics are applied internationally for metric 3 is an agreed target in the HSE's National Service Plan.
- W 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
- Metric 9 and 10 measure clinical incidents reported to the National Incident Management System. A clinical incident is an event or in harm; near misses which could have resulted in harm, but did not cause harm, either by chance or timely intervention. These circumstance which could have, or did lead to unintended and/ or unnecessary harm. Incidents include adverse events which result 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 other countries 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
- 6. The data reported includes maternity data where appropriate.



Hospital Name:			Reporting Month	Month	
Activity	Per	Metric	Reporting	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	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	4.9
	u	The percentage of heavital and the second se		10,000 bed days	
	u	Ine 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%
	0	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	<b>∞</b>	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
	E	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

and the management of hospital services within the above hospital and the Ireland East Hospital Group. Hospital Manager / CFO Michiaco, Keaus Signature: 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 The Hospital Patient Safety Indicator Report for St. Vincent's University Hospital provides up to date information for management and clinicians who provide Group CEO: Ms. Mary Day\_ Signature: Date:



Hospital Name		Cappagh		National Orthopaedic	Reporting Month	January	2017
Purpose & Conte	xt		ways of m The metric infection ra This Repo and patien The object assurance patient saf  It is not in hospital getreating patents hospitals	rt details the hospitals performance against some national and internation easuring (metrics) patient safety in acute hospital services. It is cover a number of hospital activities and performance areas including tes, staff hand hygiene, waiting times and clinical incidents. It will support each hospital and hospital group in driving a culture of quality.			
Activity	Ref		porting quency	Metric		Target	This Month
Health Care Associated Infections	1		nthly	The rate per 10,000 bed c cases of Hospital acquired bloodstream infection		Less than 1 per 10,000 bed days used	0.00
	2	Мо	nthly	The rate per 10,000 bed c cases of Hospital acquired infection		Less than 2 per 10,000 bed days used	16.5
3 Bi		Bi-a	nnual	The percentage of hospital compliance with the Wor Organisation's five mome hygiene	ld Health	90%	89.5%
Surgery	4	Monthly		The percentage of emerge surgery carried out within		95%	N/A
Emergency Care and Patient	5	Mo	nthly	The percentage of patient waiting less than 24 hours Emergency Department		100%	N/A
Experience Time	6	Mo	nthly	The percentage of patient or over who were admitte from the Emergency Dep hours of registration	ed or discharged	100%	N/A
Outpatient Waiting Times	7	Mo	nthly	The percentage of patient than 52 weeks for their fire 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 <sup>1</sup> 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 <sup>2</sup> reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	00.00

Date:

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 Cappagh National Orthopaedic Hospital provides up to date informanagement and clinicians who provide services in relation to a range of patient safety issues for the month January 2017. The information in this Report is a core element of clinical governance and the management of I services within the above hospital and the Ireland East Hospital Group.	of
Hospital Manager / CEO bygele le Signature. Angele Q	e de de
Group CEO: Ms Mary Day Signature: Qu	

<sup>&</sup>lt;sup>1</sup> 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

<sup>&</sup>lt;sup>2</sup> 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 Name		Our	Lady's	Reporting Mont	January 2	2017	
Purpose & Context			This Report details the hospitals performance against some national and international ways of measuring (metrics) patient safety in acute hospital services.  The metrics cover a number of hospital activities and performance areas including infection rates, staff hand hygiene, waiting times and clinical incidents.  This Report will support each hospital and hospital group in driving a culture of quality and patient safety.  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.  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.				
Activity	Ref	Reporti		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		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	nd		7	The percentage of patients iwho were waiting less than 24 hours in the Emergency Department	100%	n/a	
Experience L'ime	6	Monthly		The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within hours of registration	100%	n/a	
Outpatient Waiting Times	7	Monthly		The percentage of patients waiting less than 52 weeks for their first outpatient	85%	88.6%	

appointment

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 <sup>1</sup> 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 <sup>2</sup> reported in the month to the National Incident Management System which were classified as major or extreme.	Not applicable	00.00

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 / GEO Ken Jiha 166 Signature: Ken Thaill

Group CEO:

Ms Mary Day

Signature: \_

Date:

<sup>1</sup> 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

<sup>&</sup>lt;sup>2</sup> 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)