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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:		WEXFORD GENERAL HOSPITAL	Reporting	Month	MARCH 2017
Activity The Section 1	Reit		Prajodninos Alichuenev	Hairojat 3	This Month.
Health Care Associated Infections	2	The rate per 10,000 bed days used of new cases of Hospital acquired Staph, aureus bloodstream infection The rate per 10,000 bed days used of new cases of Hospital acquired Colifficile.	Monthly CPA51 Monthly	Less than 1 per 10,000 bed days cless than 2 per .	0.00
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	CPA52 Bi-annual CPA6	\$ 10,000 bed days \$\\ 90%	92.8%
Surgery	4	The percentage of emergency hip tracture surgery carried out within 48 hours	Montaly -	95%	N/A
Emergency Care and Patient Experience Time	5 6	The percentage of patients who were waiting less than 24 hours in the Emergency Department. The percentage of patients aged 75 years of over who were admitted or discharged.	Monthly A29	100%	98.8%
Outpatient Walting Times	7	If one the Emergency Department within 9 hours of registration. The percentage of patients waiting less than 52 weeks for their first-outpatient appointment.	A50 Monthly A23	85%	98.5%
Colonoscopy/ Gastrointestinal Service:	8	Number of people waiting greater than 4 weeks for an uitgent colonoscopy	Monthly		
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	26.0
	10	The rate per 1,000 bed days used of chinical medicats classified as major or extreme reported in the month to the National Incident Management System.	Monthly	chotappicable	1017
	11	The rate per 1.000 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

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The Hospital Patient Safety Indicator Report for (Insert Hospital Name) provides up to date information for management and	d cliniciar	ns who provide services
In relation to a range of patient safety issues for the month of (Insert Month) and year (Insert Year). The information in this R	eport is a	Core element of clinical
governance and the management of hospital services within the above hospital and the (Insert Hospital Group).		i i
governance and the management of hospital services within the above hospital and the (Insert Hospital Group). Hospital Manager / CEO LIGHT Signature: Group CEO: Mary Day Signature:	Date:	13/8/17
Group CEO: Mary Day Signature:	Date:	23.08.2017



Hospital Name	ROYAL VICTORIA EYE AND EAR HOSPITAL	Reporting Month	MARCH 2017

- This report details the hospital's performance against some national and international measures of patient safety in acute hospitals.
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Hospital Name:		ROYAL VICTORIA EYE AND EAR HOSPITAL	Reporting	Month	MARCH 20:	
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 CPA51	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 CPA52	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 CPA6	90%	86.2%	
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	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 A29	100%	N/A	
	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 A30	100%	N/A	
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	68.8%	
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	N/A	
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	26.51	
	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 (Insert Hospital Name) provides up to date information for management a	nd clinicians who provide services
in relation to a range of patient safety issues for the month of (Insert Month) and year (Insert Year). The information in this	Report is a core element of clinica
governance and the management of hospital services within the above hospital and the (Insert Hospital Group).	
Librarital Managan (CEO) Agency (CEO)	Data:

Hospital Manager / CEO Ang Jone Signature: Signature: Signature:

Date:

15.08.2017



Hospital Name:		ST. COLUMCILLE HOSPITAL	Reporting	Month	MARCH 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 CPA51	Less than 1 per 10,000 bed days	3.2
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly CPA52	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 CPA6	90%	93.8%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	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 A29	100%	N/A
	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 A30	100%	N/A
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	66.4%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	3
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	2.85
	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, Loughlinstown, provides up to date information for management and clinicians who							
provide services in relation to a range of patient	t safety issues f	or the month of March and ye	ear 2017. The information i	n this Report is	a core element of		
clinical governance and the management of ho	spital services v	within the above hospital and	the IEHG				
Hospital Manager / CEO WY LEAK	Signature:	ande Oxean		Date:	16/8/17		
Group CEO: Mary Day	Signature:		(Vay Day	Date:	18.08.2017		



-	Hospital Name	ST. COLUMCILLE HOSPITAL		Reporting Month	MARCH 2017
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Hospital Name	ST. MICHAELS DUN LAOGHAIRE	Reporting Month	MARCH 2017

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Hospital Name:		ST. MICHAELS DUN LAOGHAIRE		Month	MARCH 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 CPA51	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 CPA52	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 CPA6	90%	89.5%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	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 A29	100%	N/A
	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 A30	100%	N/A
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	92.8%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	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	17.39
	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	0.32
	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 Safet Jadiestes Baset for (Lout House)		
The Hospital Patient Safety Indicator Report for (Insert Hospital Name) provides up to date information for management and	l clinician	s who provide services
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governance and the management of hospital services within the above fospital and the (Insert Hospital Group).		1 1
Hospital Manager / CEOS MULTARM Signature.	Date:	10/08/A
Group CEO: Mary Day Signature:	Date:	18.08.2017



MRH- MULLINGAR

MARCH 2017.

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Hospital Name:		MRH - Mullingar ,		Reporting Month		
Arrivity	¦ Ref	Metric	Reporting, Frequency	i a rge ti 🔭 🚜	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 CPA51	Less than 1 per 10,000 bed days	1.8	
	2	The rate per 20,000 bed days rused to injew gases for Hospital acquired exciticite 2 days	Medically	Triberral and tool	1/8	
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	95.2%	
Surgery		The Percentage on emergancy hip macrure is urgeny carries out within Asin our since	Monicily	Ask a second	VA:	
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly A29	100%	98.9%	
	6	The paicentage of lication is aged 205 years to novel who we terapmined to he is charged. A strong to the report of the participant with the bound of the participant with the participant of the participant of the participant with the participant of the partici	Monuilys	01000/25/245	902%	
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	87%	
Colonoscopy/ Gastrointestinal Service	8	Number of people-waiting greate it man. A Weeks for an unigent colonoscopy	Mohilive	F01: 31-44	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	18.72	
	10	The rate per 1000 bedidays used of clinical incidents glassified as major or extremes, reported in the month to the National incident Management System.	(Monthly 4	Notapplicable	10 1 8	
	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 Regional Hospital Mullingar provides up to date information for management services in relation to a range of patient safety issues for the month of March and year 2017. The information in this Report	nt and clinicians who provide
governance and the management of hospital services within the above hospital and the Ireland East Hospital Group.	is a core element of clinical
Hospital Manager / CEO Shona Schneemann Signature: Signature: Signature: Signature:	Date: 2/5/17



Hospital Name:		OUR LADYS HOSPITAL NAVAN	Reporting Month		MARCH 2017	
Aaivliy		Michigan Company of the Company of t	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 CPA51	Less than 1 per 10,000 bed days	0.00	
	2	The rate (per 10,000 bedidays) used of new/cases of Hospitakacquired (C. difficile)	Monthly GPA52	lless than 2 per 10,000 bed days	71/-	
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hyglene	Bi-annual CPA6	90%	89%	
Surgery	ΖV	The repeating of antergrowy hip fracture surgery carded out within 48 hours	Menthy A	95%	NYA 1	
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly A29	100%	N/A	
	6	The regentace of pollentaced varyers of over who were admitted of disclosing a	Monthly ASO	10095	N/A	
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment.	Monthly A23	.85%	89%	
Golonoscopy/ Gastiologastinalisatitica	(3)	Number of particular of perfect than 1 weeks for an integral colorescopy	Meinthly A80)	(0)	(0)	
Incidents and Events	9	The rate per 1000 bedidays used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	6.02	
	110	The rate per 1660 bad says used of dinical in a denis dassifed as major or extreme, reported in the months of her National Incident Management Systems.	Monthly	Notapplicable:	(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	

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governance and the management of hospital services within the above hospital and the (Insert Hospital Group). Hospital Manager / ETO Len Titalia Signature Les Titalia Signature Signatur	- 21 (1.2
Hospital Manager / GEO Ken halbe Signature Les to be will	Date: 28517 Date: 20/1/1000
Group CEO: Signature Signature	Date:)0///20/3



Hospital Name:		ST. VINCENTS UNIVERSITY HOSPITAL	Reporting Month		MARCH 2017	
Adirily	Rel	AMERTIE 1 - Organise Amerikaan (allicence Units 5 - Santragan (allicence units) kurisere voi estationisko (NIM)	Reporting integuency	Narras	ThEMouth	
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph, aureus bloodstream infection	Monthly CPA51	Less than 1 per 10,000 bed days	0.6	
		The material 00000 bedidays used to fine weases of Hospital acquired Colifficial Nate allows	Monthly GRASS	Lesstham 2 (ben 10 000 bedidays.	19	
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	92.9%	
Surgery	4	The percentage of emergency hip measurers wigery control out with in 48 hours	Mentaly Adv	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 A29	100%	98.4%	
	6	Tinderpercentage of patients aged its wears on overwholdere admitted and schanged through the sine reenay. Department within shrough our registration.	Milionifily ASO	100%	651074	
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	86.7%	
.Golonoscopy/ Gastrointestinal/service	8	Number of people wat hig greater than 4tweeks for an ungentracion oscopy	Monthly Ago	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	12.5	
	10	The rate pen 1000 bedrays used of clinical incidents classified as major constrainer. Leponed in the month to the inational invident ixanagements yetem.	Monthly	Novapplicable:	(0106aa. : 17	
	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	(Insert Hospit	al Name) provides up to date information for management a	nd clinicia	ns who provide services
in relation to a range of patient safety issues for	the month o	f (Insert Month) and year (Insert Year). The information in this	Report is	a core element of clinical
governance and the management of hospital se	ervices within	the above hospital and the (Insert Hospital Group).		
Hospital Manager / CEO	Signature:	ullil Kearl	Date:	30/5717
Group CEO:	Signature:		Date:	



ST. LUKES KILKENNY

MARCH 2017.

Hospital(Name)		ST ILUKES KILIKENNY	Reporting	Month	MARCH 2017
Activity	Ref	Metric	Reporting Frequency	Target	This Month
Health Gare/Associated Infections	Contract the Contract of the C	Therate per (0,000) beddesys used of new cases of Hospital acquired Staphs acreus: Bloodstream (nection)	(Ventily) (PASI	Les than 1 per s	0
TO THE STATE OF TH	24	. The rate pear 19,000 best stay, use their may repeas of Brought I magnifed C. diffells . This other	Monthly OPA52	Nossukarriž per Zoroto kasa dja z	14
	2	The percentage of hospitalistati compliance, with the World Health Organisation stive moments; of hand the plene	Bi-annual GPA6	90%	92.4%
Statist 167	4)	This paracriategra of court grovey hap the characture appropriaty contacid code variatio 48 Februari	Monthly MV	9(5/3)	NA
Emergency Gare land Ratient Experience Time	5	iThe percentage of patients who were waiting less than 24 hours in the Emergency Department.	Monthly A29	100%	100%
	6	The proceeding of setucines of the design of the state of own who was a collection or discharged to the results of the light of the state of the sta	Miconflidiy Asio	10187.23	(0.000)%
Outpatient Waiting).		The percentage of patients, waiting less than 52 weeks for their first routpatients appointment.	Monthly, A23	85%	97/7%
l (dellenerange// (della delle delle el Servete)	(d)	Netrobar of prospic weith ground exhibited wasts for early protain actionary oply	Monthly ASO		(i)
Incidents and Events	ر ال	The rate per 1000 bed days used of clinical incidents reported in the month to the National incident (Management System)	Montrily	(Not applicable)	10.49
	31(5)	The instruction paraller (and the identity and a part of all alocal fine (d) and a large tradition of the impact of a large transfer of the interest of the in	Missathily	शिक्त जुल्लाकी विकास	(0.7/9)
		PROPERTY CONTROL OF THE PROPERTY OF THE PROPER	(Monthly)	Notrapplicable	(0.00)

The Hospital Patient Safety Indicator Report for St. Luke's General 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 March 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 (IEHG).

Hospital Manager / CEO Same Signature:

Signature:

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Date: 31.5.17.

Date: 3

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MARCH 2017.

Reporting Month

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lospital Name

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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:		MATER MISERICORDIAE UNIVERSITY HOSPITAL	Reporting Month		MARCH 2017	
			ante de marie especialista. Esta de maries especialista. Esta de maries especialista.			
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly CPA51	Less than 1 per 10,000 bed days	0.5	
	2	The rate per (10.00 page) cave used soften cases of most a southern of thickeys and cases of the	Vicaciay CAMPA	Tessuard services		
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	92.9%	
		project entroe orienteden vindrendress gegraaf to du Milinast foust.			85 7%	
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly A29	100%	94.3%	
		prepare notice grantered seek to yet memore who were an interior to the second	EVOTES, EPREN 7837		584%	
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	82%	
Colonoscopy Castromestnal Service	8	Number of people wathe greater than 4 weeks for an argent colonoscopy	Monthly 2014		O 1888 - 1881 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 -	
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	2.30	
		The present 1000 Best days used of chircal incidents classified as major of texture he reported in the month to the National Incident Management System	Monthly	Net 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	

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The Hospital Patient Safety Indicator Report for Mater Misericordiae University Hospital provides up to date information for	r manager	nent and clinicians who
provide services in relation to a range of patient safety issues for the month of March and year 2017. The information in the	is Report i	s a core element of
clinical governance and the management of hospital services within the above hospital and the IEHG Hospital Group. Hospital Manager CEO Cord on Dune Signature:		
Hospital Manager, CEO Cord on Dunne Signature:	Date:	31/5/2017.
Group CEO: Signature:	Date:	



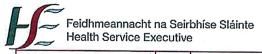
Hospistal Warme	Cappagh National Orthopaedic Hospital Reporting World March 2017	
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- This report details the hospital's performance against some national and international measures of patient safety in acute hospitals.
- The metrics cover activities 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.

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Hospital Name:		Cappagh National Orthopaedic Hospital	Reporting Month		March 2017
Adiivfiy	ikkori	Metime	Presignations	Transgett	Illian Manife
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly CPA51	Less than 1 per 10,000 bed days	NIL
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly CPA52	Less than 2 per 10,000 bed days	NÏL
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	86%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	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 A29	100%	N/A
	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 A30	100%	N/A
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	94%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	N/A
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	49.28 (CNOH started to log all incidents onto NIMS in March so as a result this value is high. 15.3 is the actual rate; based on the no of clinical incidents that occurred in March)
	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



The rate per 1000 bed days used of medication incidents classified as major or Monthly Not applicable 0.00 extreme reported in the month to the National Incident Management System. The Hospital Patient Safety Indicator Report for (Insert Hospital Name) 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 (Insert Month) and year (Insert Year). The information in this Report is a core element of clinical governance and the management of hospital services within the above hospital and the (Insert Hospital Group). Hospital Manager / CEO ANGELA LEE Signature: Direce Cee Date: Group CEO: Mary Day Signature: 20.06.2017 Date: