

E-MAHAIKA-TI-	EXFORD GENERAL HOSPITAL	Reporting Marine	MAY 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.
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- We publish this report each month to assure our patients and staff that we prioritise patient safety and open disclosure.

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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		MAY 2017
eactionly	100	Mail III	Trestone	- High	74-14-1
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	0.0
	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	0.0
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	92.8%
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%	99 1%
	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%	84%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	99.0%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	0
ncidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System	Monthly	Not applicable	24.99
	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	0.0
	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	0.0

The Hospital Patient Safety Indicator Report for (Inventible 2) Last	
The Hospital Patient Safety Indicator Report for (Insert Hospital Name) provides up to date information for management in relation to a range of patient safety issues for the month of (Insert Month) and the control of the control o	and clinicians who provide contices
in relation to a range of patient safety issues for the month of (Insert Month) and year (Insert Year). The information in this governance and the management of Pospital sonices within the above has it does not be a local property of the sonices within the above has it does not be a local property of the sonices within the above has it does not be a local property of the sonices within the above has it does not be a local property of the sonices within the above has it does not be a local property of the sonices within the solution of the solution of the sonices within the solution of	and chilicians who browde services
governance and the management of pospital services within the above hospital and the (Insert Hospital Group). Hospital Manager / CEO Signature: Signature: Signature:	s Report is a core element of clinical
Horpital Manager (CEO of July 18	. / /
Signature: WG Differ	Date: 25/7/1¥
Group CEO: Mary Day Signature:	
219 Nation C	Date: <u>17.08.2017</u>



MRH – Mullingar Republic May 2017	
MRH – Mullingar MRH – Mullingar	

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Hospital Name:	e: MRH – Mullingar		Reporting	MAY 2017	
Admin		Materials	Taranananan Tarananan	11.10(2)	Estate (Valenda)
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 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly CPA52	Less than 2 per 10,000 bed days	0.0
	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	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%	99.5%
	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%	99.2%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	86.2%
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	11.8
	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	0.0
	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	0.0

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The Hospital Patient Safety Indicator Report for (Insert Hospital Name) provides up to date information for management and	l clinician	s 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 Re		
governance and the management of hospital services within the above hospital and the (Insert Hospital Group).		4
Hospital Manager / CEO SHOW SCHUTCHAW Signature:	Date:	26/7/17
Group CEO: Mary Day Signature:	Date:	01.08.2017



St. MICHAELS DUN LAOGHAIRE Repositing Mostle LMAY 2017

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Hospital Name:		ST. MICHAELS DUN LAOGHAIRE	Reporting Month		MAY 2017	
Addivity	Ref. Metric		्रेस्थ्राध्यक्ष्य चित्रास्थ्राध्यक्ष्य	Taggi	Trais Member	
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	0.0	
	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	0.0	
	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%	93.4%	
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0.	0	
ncidents 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	1.10	
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00	
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00	

The Hospital Patient Safety Indicator Report for (Insert Hospital Name) provides up to date information for management a	ad dinisiran utang sa t
	Departies and provide services
governance and the management of hospital services within the above hospital and the (Insert Hospital Group). Hospital Manager / CEO S. Murtach Signature: Group CEO: Mary Day	Report is a core element of clinical
Hospital Manager / CEO S. Mustars Signature:	Date: 26/07/17.
Group CEO: Mary Day Signature:	
Signature.	Date: 01.08.2017



Hospital Name:		ROYAL VICTORIA EYE AND EAR HOSPITAL	Reporting	MAY 2017	
/ (chyly)	1867	Marie		Triger	illais-iXlomism
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph, aureus bloodstream infection	নিভেগুগুলাতে Monthly CPA51	Less than 1 per 10,000 bed days	0.0
	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	0.0
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	88.8%
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%	63%
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 390 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	12
	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	.0:0
	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	0.0

The Hospital Patient Safety Indicator Report for (Insert Hospital Name) provides up to date information for management a	nd cliniciar	as 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).		- core controlled the control
Hospital Manager / CEO Dre Signature:	Date:	24/7/17.
Group CEO: Mary Day Signature:	Date:	01.08.2017



ST. VINCENTS: UNIVERSITY HOSPITAL. Reporting Working Working Working Working	

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Hospital Name:		ST. VINCENTS UNIVERSITY HOSPITAL	Reporting	Month	MAY 2017
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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	1.9
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	CPA51 Monthly CPA52	10,000 bed days Less than 2 per	5.2
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	10,000 bed days 90%	92.9%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	95%	93.8% (April)
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%	97.9%
0.4	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%	95.1%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	85.3%
Colonoscopy/ Gastrointestinal Service	·8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	0
ncidents 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	11.52%
	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	0.0
	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	0.0

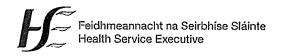
The Hospital Patient Safety Indicator Poport for St. Vincental I. S. Vincental I. S. Vincental I. S. Vincental II. S. Vincent	
The Hospital Patient Safety Indicator Report for St. Vincent's University Hospital provides up to date information for manage services in relation to a range of patient safety issues for the month of May and year 2017. The information for manage	ement and clinicians who provide
services in relation to a range of patient safety issues for the month of May and year 2017. The information in this Report is governance and the management of hospital services within the above hospital and the Turk of the services within the above hospital and the Turk of the services within the above hospital and the Turk of the services within the above hospital and the Turk of the services within the above hospital and the services within t	a core element of clinical
governance and the management of hospital services within the above hospital and the Ireland East Hospital Group. Group CEO: Many Day	
Group CEO: Mary Day Signature:	Date: 27/7/17
Jognature. (May 1977)	Date: 01.08.2017



Hospital National Orthopaedic Hospital Region Western May 2017	

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Hospital Name:		Cappagh National Orthopaedic Hospital		Reporting Month	
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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	0.0
	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	0.0
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	90.9%
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%	92.9%
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	5.78
	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	0.0
	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	0.0

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in relation to a range of patient safety issues for the	e month of (Insert Month) and year (Insert Year). The information in this I	Report is a core element of clinical
governance and the management of hospital servi-	ices within the above hospital and the (Insert Hospital Group).	
Hospital Manager / CEO AWGELA LEE Si	ignature: <u>Avocle Lee</u>	Date: 1チ/チ/ゴ
	ignature:	Date: 01.08.2017



Hospital Name:		OUR LADYS HOSPITAL NAVAN	Reporting	Month	MAY 2017
Activity	Ref.	Medic	liedordno	Target	This Worth
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	0.0
	2	The/rate per/10,000/bed days used of new cases of Hospital acquired C. difficile infection	Monthly CPA52	Less than 2 pers	00
MVIDESTANCE TO SEPARATE	3	The percentage of hospital staff-compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	89%
urgery	4	The percentage of emergency/bip fracture surgery carried out within 48 hours.	Monthly	95%	N/A
mergency Care and atient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly A29	100%	N/A
	6	IThe 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
utpatient Waiting mes	/	The percentage of patients waiting less than 52 weeks for their first, outpatient appointment	Monthly	85%	87.7%
olonoscopy/ astrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	A23 Monthly	0	0
cidents 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	2:18
	.10	The irate 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	0.0
	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	0.0

The Hospital Patient Safety Indicates Day at 6			A-1
in relation to a server of marketing for	(Insert Hospital Name) provides up to date information for manage	ement and cliniciar	is who provide services
			a core element of clinical
governance and the management of hospital se	2) YICGO WIGHIN HIC AUTUVIII DINGHIMA ADO TOD HINCAR DAZAHAL / "	······································	core element of Cillical
Liasbirgi Mariadel / CEO 4 11 15 19 19 19 19	Signature: Les Johnston Hospital Group).		18/7/12
Group CEO: Mary Day	Signature:	Date:	
		Date:	01.08.2017



Hospital Name	ST. COLUMCILLE HOSPITAL	Reporting Month	MAY 2017

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Hospital Name: ST. COLUMCILLE HOSPITAL		ST. COLUMCILLE HOSPITAL	Reporting Month		MAY 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	0.0
	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	0.0
	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%	65.6%
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	5.8
	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	0.0
	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	0.0

· ·	· · · · · · · · · · · · · · · · · · ·	up to date information for management and clinicians who year (Insert Year). The information in this Report is a core				
governance and the management of hospital services within the above hospital and the (Insert Hospital Group).						
Hospital Manager / CEO	Signature:	Date:				
Group CEO:	Signature:	Date:				



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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.

- 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:		MATER MISERICORDIAE UNIVERSITY HOSPITAL RE		Reporting Month	
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	2.58
	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	2.07
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	93%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	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 A29	100%	93.6%
Patient Expendice Time	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%	56%
Outpatient Waiting	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	79.6%
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	3.51
	10	The rate per 1,000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.1
	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

The Hospital Patient Safety Indicator Report for (Mater Misericordiae University Hospital) provides up to date information for provide services in relation to a range of patient safety issues for the month of (May) and year (2017). The information in this clinical governance and the management of hospital services within the above hospital and the (Ireland East Hospital Group)	Report	ement and clinicians who is a core element of
Hospital Manager / CEO Signature: Group CEO: Mary Day Signature:	Date: Date:	11.08.2017



Hospital:Name:		ST. LUKES KILKENNY	Reporting Month		MAY 2017
Activity	Ref	Metric	Reporting Frequency	Targe:	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	0.0
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile	Monthly CPA52	Less than 2 per 10,000 bed days	1.5
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	92.4%
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%	100%
	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%	100%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	98.1%
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	12:35
	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	0.0
	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	0.0

The Hospital Patient Safety Indicator Report for St. Luke's General Hospital provides up to date information for management	and clini	icians who provide
services in relation to a range of patient safety issues for the month of May and year 2017. The information in this Report is a	a core ele	ment of clinical
governance and the management of hospital services within the above hospital and the Ireland East Hospital Group.		0/1/2
Hospital Manager / CEO De Scatte Signature:		20/12/1)
Group CEO: Mary Day Signature:	Date:	04.01.2018