# Hospital Patient Safety Indicator Report

| | WEXFORD GENERAL HOSPITAL | Reporting Month | 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.
- This report supports each hospital and hospital group to ensure a culture of quality and patient safety.
- We publish this report each month to assure our patients and staff that we prioritise patient safety and open disclosure.

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

| Hospital Name: | | WEXFORD GENERAL 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% | 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 |
| Incidents and Events | 9 | The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System | Monthly | Not applicable | 24.99 |
| | 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 (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 _____ Signature: _____ Date: 25/7/17

Group CEO: __Mary Day__ Signature: _____ Date: 17.08.2017

# Hospital Patient Safety Indicator Report

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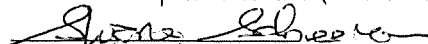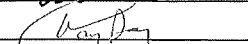
Notes:
1. It is not intended that this report be used to compare performance of hospitals or hospital groups. Different hospitals specialise in treating patients with different and sometimes much more complex care needs, making comparisons between hospitals ineffective.
2. Metrics 1-3 measure infection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

| Hospital Name: | | MRH – Mullingar | | Reporting Month | | MAY 2017 |
|---|---|---|---|---|---|---|
| Activity | Ref | Indicator | 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 | | 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 |

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 _Shona Schneeman_/Signature: _Shona Schneeman_  Date: _26/7/17_

Group CEO: _____Mary Day_____  Signature: _____Mary Day_____  Date: _01.08.2017_

# Hospital Patient Safety Indicator Report

| Hospital Name | ST. MICHAELS DUN LAOGHAIRE | Reporting Month | 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.
- This report supports each hospital and hospital group to ensure a culture of quality and patient safety.
- We publish this report each month to assure our patients and staff that we prioritise patient safety and open disclosure.

Notes:

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

**Feidhmeannacht na Seirbhíse Sláinte**
**Health Service Executive**

| Hospital Name: | | ST. MICHAELS DUN LAOGHAIRE | | 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% | 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 |
| 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 | 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 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 S. MURTAGH    Signature: _____    Date: 26/07/17

Group CEO: Mary Day    Signature: _____    Date: 01.08.2017

**HSE Logo** — Feidhmeannacht na Seirbhíse Sláinte / Health Service Executive

| Hospital Name: | | ROYAL VICTORIA EYE AND EAR 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% | 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 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 *[signature]* Signature: *[signature]* Date: 24/7/17.

Group CEO: Mary Day Signature: *[signature]* Date: 01.08.2017

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

| Hospital Name: | | ST. VINCENTS UNIVERSITY HOSPITAL | | Reporting Month | | MAY 2017 |
|---|---|---|---|---|---|---|
| Activity | Ref | Metric<br>1-8 Ref HSE Business Intelligence Unit<br>9-11 Ref Incidents occurring in the reported month | | 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 | 1.9 |
| | 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 | 5.2 |
| | 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 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% |
| | 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 |
| 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 | 11.52% |
| | 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 Report for St. Vincent's University Hospital provides up to date information for management and clinicians who provide services in relation to a range of patient safety issues for the month of May and year 2017. The information in this Report is a core element of clinical governance and the management of hospital services within the above hospital and the Ireland East Hospital Group.

Hospital Manager / CEO _MICHAEL KEANE_ Signature: _____ Date: _27/7/17_

Group CEO: _____Mary Day_____ Signature: _____ Date: _01.08.2017_

# Hospital Patient Safety Indicator Report

| Hospital Name | Cappagh National Orthopaedic Hospital | Reporting Month | 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.
- This report supports each hospital and hospital group to ensure a culture of quality and patient safety.
- We publish this report each month to assure our patients and staff that we prioritise patient safety and open disclosure.

Notes:

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

| Hospital Name: | | Cappagh National Orthopaedic 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% | 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 |

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: ___Angela Lee___ Date: __17/7/17__

Group CEO: ____Mary Day____ Signature: _____ Date: ___01.08.2017___

| Hospital Name: | | OUR LADYS HOSPITAL NAVAN | | | 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% | 89% |
| Surgery | 4 | The percentage of emergency hip fracture surgery carried out within 48 hours | | Monthly A12 | 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% | 87.7% |
| 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 | 2.18 |
| | 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 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 KEN FITZGIBBON    Signature: _____    Date: 18/7/17

Group CEO: Mary Day    Signature: _____    Date: 01.08.2017

# Hospital Patient Safety Indicator Report

| Hospital Name | ST. COLUMCILLE HOSPITAL | Reporting Month | MAY 2017 |
|---|---|---|---|

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

| Hospital Name: | | 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 |

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 _____     Signature:     _____          Date:     _____

Group CEO:     _____          Signature: _____          Date:     _____

**HSE** Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

## Hospital Patient Safety Indicator Report

| Hospital Name | MATER MISERICORDIAE UNIVERSITY HOSPITAL | Reporting Month | 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.
- This report supports each hospital and hospital group to ensure a culture of quality and patient safety.
- We publish this report each month to assure our patients and staff that we prioritise patient safety and open disclosure.

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

| Hospital Name: | | MATER MISERICORDIAE UNIVERSITY 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 | 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% |
| | 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 Times | 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 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 | 0.1 |
| | 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 management 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 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: _____     Date: 11/8/17.

Group CEO: _____Mary Day_____     Signature: _____     Date: 11.08.2017

| Hospital Name: | | ST. LUKES KILKENNY | | 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 | | 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 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 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: _____ Date: 20/12/17

Group CEO: _____ Mary Day _____ / Signature: _____ Date: 04.01.2018