



## Hospital Patient Safety Indicator Report

South Infirmary Victoria University Hospital

Reporting Period

March 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:		South Infirmary Victoria University Hospital		Reporting Month		March 2017
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	
	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	4.7	
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	Bi-annual report	
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%	71.9%	
Colonoscopy/ Gastrointestinal Service Incidents and Events	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	0	
	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	23.25	
	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	
	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 South Infirmary Victoria University Hospital provides up to date information for management and clinicians who provide services in relation to a range of patient safety issues for the month of February 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 SSWHG.

Hospital Manager / CEO: Helen Donovan

Signature:

*Helen Donovan*

Group CEO:

*Gerard A. Dunne*

Signature:

*Gerard A. Dunne*

Date: 12/05/2017

Date: 30/05/17



## Hospital Patient Safety Indicator Report

Mallow General Hospital

March 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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6. The data reported includes maternity data where appropriate.



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Hospital Name:		Mallow General Hospital	Reporting Month		March 2017
			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
	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
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	Bi-annual report
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%	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	19.5
	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
	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 Mallow 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 February 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 SSWHG

Hospital Manager / CEO CLAIRE CROWLEY

Signature:

Claire Crowley

Group CEO:

Gerard O'Sullivan

Signature:

Gerard O'Sullivan

Date: 22-05-2017

Date: 30/5/17



## Hospital Patient Safety Indicator Report

Mercy University Hospital

March 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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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.



Health Service Executive

Hospital Name:

Merch University Hospital

Reporting Month

March 2017

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
	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	3.5
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	BI-annual CPA6	90%	BI-annual Report
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%	90.6%
	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%	39.7%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	79.4%
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	8.13
	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
	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 Mercy University Hospital provides up to date information for management and clinicians who provide services in relation to a range of patient safety issues for the month of February 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 SSWHG.

Hospital Manager / CEO

Signature:

Group CEO:

Signature:

Date:

Date:

24/15/2017

30/05/17



## Hospital Patient Safety Indicator Report

Lourdes Orthopaedic Hospital Kilcreene

March 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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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:

Lourdes Orthopaedic Hospital Kilcreene

Reporting Month

March 2017

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
	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
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	Bi-annual report
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%	N/A
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	21.55
	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
	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 Lourdes Orthopaedic Hospital Kilcreene provides up to date information for management and clinicians who provide services in relation to a range of patient safety issues for the month of February 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 SSWHG.

Hospital Manager / CEO R. Doyle

Signature: [Signature]

Group CEO: [Signature]

Signature: [Signature]

Date: 29/5/2017

Date: 30/05/17

## Hospital Patient Safety Indicator Report

Cork University Hospital

March 2017

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Hospital Name: <b>Cork University Hospital</b>			Reporting Month		March 2017
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	3.2
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	Bi-annual report
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	95%	93.1%
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%	95.7%
	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%	51.6%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	76.6%
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	3.2 incomplete backlog noted
	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
	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

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Hospital Manager / CEO *[Signature]*

Signature:

Date: *22/5/17*

Group CEO: *[Signature]*

Signature: *[Signature]*

Date: *30/05/17*



## Hospital Patient Safety Indicator Report

University Hospital Waterford

March 2017

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Hospital Name: University Hospital Waterford

Reporting Month

March 2017

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
	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
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	Bi annual report
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A47	95%	83.3%
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%	95.9%
	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%	60.9%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	77.7%
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	11.89
	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
	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

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Hospital Manager / CEO R. DOOLEY

Signature:

[Signature]

Group CEO: Geary O'Dwyer

Signature:

[Signature]

Date: 29/05/17

Date: 30/05/17

## Hospital Patient Safety Indicator Report

University Hospital Kerry

March 2017

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6. The data reported includes maternity data where appropriate.

Hospital Name:

University Hospital Kerry

Reporting Month

March 2017

Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly	Less than 1 per 10,000 bed days	0
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	CPA51 Monthly	Less than 2 per 10,000 bed days	0
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	CPA52 Bi-annual	90%	Bi-annual report
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	CPA6 Monthly	95%	83.3%
	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	A42 Monthly	100%	95.5%
Emergency Care and Patient Experience 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	A29 Monthly	100%	56.1%
	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	A30 Monthly	85%	77.3%
Outpatient Waiting Times	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	A23 Monthly	0	0
	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	A80 Monthly	Not applicable	3.62 (Incomplete report backlog noted)
	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
	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 University Hospital Kerry provides up to date information for management and clinicians who provide services in relation to a range of patient safety issues for the month of February 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 SSWHG.

Hospital Manager / CEO DONAL O'CALLAGHAN

Signature: Donal O'Callaghan

Group CEO:

Gerry O'Leary

Signature: Gerry O'Leary

Date: 15/05/17

Date: 30/05/17

Hospital Name: South Tipperary University Hospital

Reporting Month

March 2017

**Health Care Associated Infections**

- 1 The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection
- 2 The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection
- 3 The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene

Monthly  
CPA51  
Monthly  
CPA52

Less than 1 per  
10,000 bed days  
Less than 2 per  
10,000 bed days

0  
1.8

**Surgery**

- 4 The percentage of emergency hip fracture surgery carried out within 48 hours

Bi-annual  
CPA6  
Monthly  
A42

90%  
95%

Bi-annual  
report  
N/A

**Emergency Care and Patient Experience Time**

- 5 The percentage of patients who were waiting less than 24 hours in the Emergency Department
- 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  
A29  
Monthly  
A30

100%  
100%

93.0%  
66%

**Outpatient Waiting Times**

- 7 The percentage of patients waiting less than 52 weeks for their first outpatient appointment

Monthly  
A23

85%

88.5%

**Colonoscopy/  
Gastrointestinal Service  
Incidents and Events**

- 8 Number of people waiting greater than 4 weeks for an urgent colonoscopy
- 9 The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.
- 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.
- 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  
A80  
Monthly

0  
Not applicable

0  
18.1

Monthly

Not applicable

0

Monthly

Not applicable

0

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Hospital Manager / CEO *Mickie Barker*

Signature: *Mickie Barker*

Group CEO: *Garry O'Sullivan*

Signature: *Garry O'Sullivan*

Date: *19/5/17*

Date: *30/5/17*

Hospital Name:		Bantry General 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	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	6.4
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	Bi-annual report
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%	99.4%
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	18.7
	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
	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 Bantry 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 February 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 SSWHG.

Hospital Manager / CEO Hospital Manager  
Group CEO: Godwyn

Signature: Carole J. Cooke  
Signature: Garry O'Dwyer

Date: 09<sup>th</sup> June 2017

Date: 12/06/2017