UL Hospitals Group Patient Safety Indicator Report: January and February 2017

This report details the UL Hospital Group perfromance 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 the hospital group to ensure a culture of quality and patient safety.
We publish this report each month to assure our patients and staff that we prioritise patient safety and open disclosure.

Notes:
It is not intended that this report be used to compare performance of hospitals or hospital groups. Different hospitals specialise in treating patients with different and sometimes much more complex care needs, making comparisons between hospitals ineffective.
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.
Metrics 4-8 measure access to and waiting times for services including emergency care, trauma care (for hip fractures), urgent endoscopy procedures and access to outpatient services. These metrics are based on national indicators and nationally agreed targets as set out in the HSE's National Service Plan
Metric 9 and 10 measure clinical incidents reported to the National Incident Management System. A clinical incident is an event or 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.
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.
Metric 12 is an indicator on the timeliness of reporting our incidents onto the National incident management system

Activity	Ref	UL Hospitals Group 2017 KPIs	Reporting Frequency	2017 National Target	Jan-17	Feb-17	Trend
Health Care Associated Infections	1	Rate of new cases of hospital acquired Staph. Aureus bloodstream infection.	Monthly				
		Croom Orthopaedic Hospital		Less than 1 per 10,000 bed days	0.00	0.00	
		Ennis Hospital		Less than 1 per 10,000 bed days	5.29	0.00	
		Nenagh Hospital		Less than 1 per 10,000 bed days	6.43	0.00	
		St. John's Hospital		Less than 1 per 10,000 bed days	0.00	0.00	
		University Hospital Limerick		Less than 1 per 10,000 bed days	1.53	1.67	
		University Maternity Hospital, Limerick		Less than 1 per 10,000 bed days	0.00	0.00	
		UL Hospitals Group		**Less than 1 per10,000 bed days**	**1.81**	**1.00**	
		Health Care Associated Infections Methicillin Resistant Staphylococcus Aureus (MRSA) A type of bacteria that is resistant to many antibiotics. In a healthcare setting such as a hospital or nursing home MRSA can cause severe problems such as pneumonia, surgical site infections and blood stream infections. MRSA is usually spread by direct contact with an infected wound or from contaminated hands, usually those of health care providers. Also people who carry MRSA, but do not have signs of infection can spread the bacteria to others					
	2	Rate of new cases of hospital acquired C. Difficile infection	Monthly				
		Croom Orthopaedic Hospital		Less than 2 per 10,000 bed days	14.20	0.00	
		Ennis Hospital		Less than 2 per 10,000 bed days	5.29	0.00	
		Nenagh Hospital		Less than 2 per 10,000 bed days	0.00	0.00	
		St. John's Hospital		Less than 2 per 10,000 bed days	8.67	0.00	
		University Hospital Limerick		Less than 2 per 10,000 bed days	2.29	2.50	
		University Maternity Hospital, Limerick		Less than 2 per 10,000 bed days	0.00	0.00	
		UL Hospitals Group		**Less than 2 per 10,000 bed days**	**3.16**	**1.49**	
		Clostridium difficile (C. difficile) is a bacterium that can be found in the large bowel. A small proportion (less than 1 in 20) of the healthy adult population carry C. difficile and do not experience any symptoms. However sometimes when a person takes an antibiotic, some "good" bacteria die allowing C. difficile to multiply and this can this can lead to C. difficile infection (CDI), which affects the large bowel. Symptoms of CDI include diarrhoea, stomach cramps, fever, nausea and loss of appetite. Most people get a mild illness and recover fully but in certain circumstances, patients can develop serious complications.					

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	3	Percentage of compliance of hospital staff with the World Health Organisation's (WHO) five moments of hand hygiene using the national hand hygiene audit tool.	Bi-annual				
		Medicine Directorate		90%		92%	
		Peri-op		90%		89%	
		Maternal & Child Directorate		90%		88%	
		UL Hospitals Group		**90%**		**89%**	
		Hand hygiene is one of the most important measures to prevent Healthcare associated infection The greatest risk for cross infection is from staff (clinical and non clinical) who interact with patients/clients or work in the clinical environment (e.g. sterile services, Laboratory, laundry, pharmacy, technical services). These staff members are the initial focus of hand hygiene training and reporting. However this does not preclude hand hygiene training of other staff members. Evidence suggests that multimodal approaches are required for long-term sustained change t, this include, • System changes to enable hand hygiene to be performed readily, • Staff education,• Audit & feedback,• Establishing an institutional safety climate with visible support from senior management and a culture of hand hygiene excellence in the institution.The UL Group reports this data per directorate rather than per hospital site.					
Surgery	4	Percentage of emergency hip fracture carried out within 48 hours	Monthly				
		University Hospital Limerick		95%	73.9%	75.0%	
		UL Hospitals Group		**95%**	**73.9%**	**75.0%**	
		The % of emergency hip fracture surgeries with the principal procedure carried out on days 0, 1 or 2 of the stay.. Hip fractures are common injuries in the older persons, with significant associated morbidity and mortality. Hip fracture patients are usually older and frail and require thorough multidisciplinary input during both the acute and the rehabilitative phases of their care. As the numbers of hip fractures and subsequent costs rise, healthcare systems must develop integrated and systematic approaches to hip fracture care and secondary prevention of further falls and fractures.					
Emergency Care	5	The percentage of all attendees at ED who are in ED < 24 hrs	Monthly				
		University Hospital Limerick		100%	92.3%	93.3%	
		UL Hospitals Group		**100%**	**92.3%**	**93.3%**	
	6	Percentage of patients 75 years or over who were admitted or discharged from ED within 9 hours of registration	Monthly				
		University Hospital Limerick		100%	39.2%	40.5%	
		UL Hospitals Group		**100%**	**39.2%**	**40.5%**	
		Overcrowding within ED negatively impacts on both dignity and privacy for patients and the ability of staff to deliver fully effective care / treatment. Related international studies have also demonstrated extended length of stay within overcrowded EDs leads to poorer clinical outcomes for concerned patients. International studies have demonstrated extended length of stay within overcrowded EDs leads to poorer clinical outcomes for patients.					
Patient Experience Waiting Times	7	Percentage of people waiting < 52 weeks for first access to outpatient services.	Monthly				
		Croom Orthopaedic Hospital		85%	63%	61%	
		Ennis Hospital		85%	80%	79%	
		Nenagh Hospital		85%	74%	80%	
		St. John's Hospital		85%	99%	99%	
		University Hospital Limerick		85%	78%	76%	
		UL Hospitals Group		**85%**	**76.5%**	**74.9%**	
		Significant delay in accessing hospital services delays diagnosis and any necessary treatment commencement with potential for less than optimal outcome .					
Colonoscopy /Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for access to an urgent colonoscopy.	Monthly				
		Ennis Hospital		0	0	0	
		Nenagh Hospital		0	0	0	
		St. John's Hospital		0	0	0	
		University Hospital Limerick		0	0	0	
		UL Hospitals Group		**0**	**0**	**0**	

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Incident and Events	**9**	Rate of Clinical incidents reported per period per 1000 bed days	Monthly				
		Croom Orthopaedic Hospital		n/a	4.3	13	
		Ennis Hospital		n/a	3.7	4.1	
		Nenagh Hospital		n/a	7.1	7.2	
		St. John's Hospital		n/a			
		University Hospital Limerick		n/a	7.3	9.3	
		University Maternity Hospital, Limerick		n/a	12.9	14.9	
		UL Hospitals Group		**n/a**	**7.6**	**9.7**	
	10	Rate of Clinical incidents categorised as high-risk per 1,000 bed days	Monthly				
		Croom Orthopaedic Hospital		n/a	0	0	
		Ennis Hospital		n/a	0	0	
		Nenagh Hospital		n/a	0	0	
		St. John's Hospital		n/a			
		University Hospital Limerick		n/a	0.6	0.1	
		University Maternity Hospital, Limerick		n/a	1.2	0.9	
		UL Hospitals Group		**n/a**	**0.6**	**0.5**	
	11	Rate of medication incidents as high-risk per 1000 bed nights	Monthly				
		Croom Orthopaedic Hospital		n/a	0.00	0.00	
		Ennis Hospital		n/a	0.00	0.00	
		Nenagh Hospital		n/a	0.00	0.00	
		St. John's Hospital		n/a			
		University Hospital Limerick		n/a	0.00	0.00	
		University Maternity Hospital, Limerick		n/a	0.00	0.00	
		UL Hospitals Group		n/a	0.00	0.00	
	12	Percentage of Incidents reported that have been recorded on the National Incident Management System	Monthly				
		Croom Orthopaedic Hospital		100%	100%	100%	
		Ennis Hospital		100%	100%	100%	
		Nenagh Hospital		100%	100%	100%	
		St. John's Hospital		100%			
		University Hospital Limerick		100%	100%	100%	
		University Maternity Hospital, Limerick		100%	100%	100%	
		UL Hospitals Group		**100%**	**100%**	**100%**	
		The UL Hospitals Group encourages all staff to create an environment that is safe and to support good quality care for patients. Incident reporting is the cornerstone for improving patient safety. Unfortunately adverse events occur, however we endeavour to learn from these adverse events . Incident reporting rates are lower than a number of studies, at this time there is evidence that current reporting practices are less than optimal with resultant under-reporting.					

The UL Hospital Group Patient Safety Indicator Report for provides up to date information for management and clinicians who provide services in relation to a range of patient safety issues for the month of January and 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 Group.

Chief Clinical Director Prof Paul Burke Signature: Paul Burke Date: 28/04/17

Group CEO: Colette Cowan Signature: Colette Cowan Date: 28/04/17