

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 clinicalincidents.

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.

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.

		rting Frequ									
Activity	Ref UL Hospitals Group 2017 KPIs	ency 2017 National Target	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Trend	
Health Care Associated Infections	Rate of new cases of hospital acquired Staph. Aureus bloodstream infection.	Monthly								!	
Health Care Associated Illections	Croom Orthonaedic Hospital	Less than 1 per 10 000 hed days	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
	Ennis Hospital Nenagh Hospital	Less than 1 per 10.000 bed days	5.30 0.00 0.00	0.00	0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00	0.00 0.00 0.00		
	St. John's Hospital University Hospital Limenck University Materitary Indeptate Limenck	Less than 1 per 10,000 bed days	0.00	0.00 0.00 1.70	6.40 0.00 3.90	0.00	0.00	0.00	0.00		
	University inaternity mospital, climentok	Less than 1 per 10,000 bed days	1.50 0.00	0.00	0.00	0.00	1.50 3.70	0.00	4.20		
	UL Hospitals Group Health Care Associated Infections, Mathicillin Resistant Stanbulgconcus Auraus (MRSA) A ture of harder	Less than1 per10,000 bed days	1.40	1.00	2.80	0.50	1.40	0.50	0.50	wound or from contaminated hands	
	Health Care Associated Inflictions 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. Difficle infection	Jacobi ⁴⁴					1			,	
	Croom Orthopaedic Hospital Ennis Hospital	Less than 2 per 10.000 bed days Less than 2 per 10.000 bed days	0.00 5.30	0.00 0.00	0.00 0.00	0.00	0.00 0.00	0.00	0.00 0.00		
	Nenagh Hospital St. John's Hospital	Less than 2 per 10,000 bed days Less than 2 per 10,000 bed days	0.00 8.70	0.00 0.00	0.00	0.00 0.00 5.00	0.00	0.00 7.10 0.00	0.00 0.00		
	University Hospital Limerick University Maternity Hospital, Limerick	Less than 2 per 10,000 bed days	2.30	2.50	1.60	3.20	4.60	4.00	2.40		
	UL Hospitals Group	Less than 2 per 10,000 bed days Less than 2 per 10,000 bed days	0.00 2.70	0.00 1.50	0.00	0.00 2.40	0.00 2.80	0.00 2.90	0.00 1.50		
	Clostridium difficile(C. difficile) is a bacterium that can be found in the large bowel. C. difficile infection aff	fects the large bowel. Symptoms include diarrhoea, stomach cran	mps, fever, nauseaand lo	oss of appetite.Most pe	ople get a mild illness and recove	er fully but in certain circums	tances patients can develop s	erious complications.			
	Compliance of hospital staff with the (WHO) five moments of hand hygiene using the national hand hygiene	Bi- annua									
	3 audit tool. Medicine Directorate	90%		92%	 _	+		 	<u>+</u>		
	Peri-op Maternal & Child Directorate	90% 90%	-	89% 88%							
	UL Hospitals Group	90%		89%	<u> </u>			<u> </u>	<u> </u>		
	Hand hygiene is one of the most important measures to prevent Healthcare associated infection.										
Surgery	4 Percentage of emergency hip fracture carried out within 48 hours	Monthly	<u> </u>				<u> </u>				
	University Hospital Limerick UL Hospitals Group	95%	73.9% 73.9%	75.0% 75.0%	52.9% 52.9%	58.8% 58.8%	64.0% 64.0%	87.5% 87.5%	68.8% 68.8%		
	Hip fractures are common injuries in the older persons, with significant associated morbidity and morbility. Hip fracture patients are us		approaches to hip fracture care	and secondary prevention of	further falls and fractures.	36.676	04.078	61.5%	00.076		
Emergency Care	5 The percentage of all attendees at ED who are in ED < 24 hrs	Monthly					<u> </u>				
	University Hospital Limerick UL Hospitals Group	100% 100%	92.3% 92.3%	93.3% 93.3%	93.9% 93.9%	93.1% 93.1%	93.2% 93.2%	92.5% 92.5%	94.4% 94.4%		
	Percentage of patients 75 years or over who were admitted or discharged from ED within 9 hours of registration	10078	92.376	93.376	55.576	53.176	55.276	52.376	54.476	+	
	6	Monthly					İ				
	University Hospital Limerick UL Hospitals Group	100%	39.2%	40.5%	43.4% 43.4%	43.7% 43.7%	37.7% 37.7%	42.1% 42.1%	45.8% 45.8%		
	Overcrowding within ED negatively impacts on both dignity and privacy for patients and the ability of staff to deliver fully effective care	100% e / treatment. Related international studies have also demonstrated extended length	39.2% th of stay within overcrowded ED	40.5% Ds leads to poorer clinical out				42.179 id EDs leads to poorer clinical outcomes			
Patient Experience Waiting Times	7 Percentage of people waiting < 52 weeks for first access to outpatient services.	Monthly									
	Croom Orthopaedic Hospital Ennis Hospital	85% 85%	62.9% 80.1%	61.2% 78.6%	60.9% 80.0%	59.8% 78.3%	59.3% 76.9%	58.2% 75.9%	56.2% 75.5%		
	Nenagh Hospital	85%	73.9%	80.4%	80.2%	79.0%	79.6%	79.2%	78.8%		
	St. John's Hospital University Hospital Limerick	85% 85%	99.1% 78.1%	98.9% 76.2%	81.6% 75.7%	92.7% 75.2%	92.7% 74.0%	91.7% 73.5%	91.9% 73.4%		
	UL Hospitals Group	85%	76.5%	74.9%	73.9%	73.7%	72.6%	72.0%	71.3%		
	Significant delay in accessing hospital services delays diagnosis and any necessary treatment commencement with potential for less t	than optimal outcome .									
Colonoscopy /Gastrointestinal Service	Number of people waiting greater than 4 weeks for access to an urgent colonoscopy. Ennis Hospital	Monthly	_	_		_					
	Nenagh Hospital	0	0	0	0	0	0	0	0		
	St. John's Hospital University Hospital Limerick	0	0	0	0	0	0	0	0	1	
	UL Hospitals Group	0	0	0	0	0	0	0	0		
Incident and Events	9 Rate of Clinical incidents reported per period per 1000 bed days	Monthly]	i				
	Croom Orthopaedic Hospital	n/a	4.3	13	6.6	2.8	0	2.9	3.4		
	Ennis Hospital Nenagh Hospital	n/a n/a	3.7 7.1	4.1 7.2	12.6 10.2	5.7 4.6	3.6	3.3 6.2	4 6.2		
	St. John's Hospital	n/a				2.5	2.2 1.8	U.Z	4.72		
	University Hospital Limerick University Maternity Hospital, Limerick	n/a n/a	7.3 12.9	9.3	9.8 12.5	4 12	3.9 9.1	5.3	4.8 5.6		
	UL Hospitals Group	n/a	7.6	9.7	10.3	5.4	3.4	4.9	4.8		
	10 Rate of Clinical incidents categorised as high-risk per 1,000 bed days Croom Orthopaedic Hospital	Monthly n/a	0	0	0	0	0	0	0.0	+	
	Ennis Hospital	n/a	0	Ö	0	Ö	1,2	Ö	0.0		
	Nenagh Hospital St. John's Hospital	n/a n/a	0	0	0	0	0	0.4	0.0		
	University Hospital Limerick	n/a	0.6	0.1	0	0	0	0.2	0.3		
	University Maternity Hospital, Limerick	n/a n/a	1.2	0.9	0.24 0.24	0.8	0.4	0	0		
	UL Hospitals Group	Iva	0.0	0.0	0.24	0.0	0.0	0.0	0.3		
	11 Rate of medication incidents as high-risk per 1000 bed nights	Monthly n/a	0.00	0.00	0.00	0.0				1	
	Croom Orthopaedic Hospital	n/a n/a	0.00	0.00	0.00	0.0	0.0 1.2	0.0	0.0		
	Ennis Hospital										
	Ennis Hospital Nenagh Hospital St. John's Hospital	n/a n/a	0.00	0.00	0.00	0.0	0.0	0	0		



University Maternity Hospital, Limerick	n/a	0.00	0.00	0.0	0.0	0.4	0.0	0.0	
UL Hospitals Group	n/a	0.00	0.00	0.08	0.10	0.50	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%	100%	100%	100%	100%	100%	
Ennis Hospital	100%	100%	100%	100%	100%	100%	100%	100%	
Nenagh Hospital	100%	100%	100%	100%	100%	100%	100%	100%	
St. John's Hospital	100%				100%	100%	100%	100%	
University Hospital Limerick	100%	100%	100%	100%	100%	100%	100%	100%	
University Maternity Hospital, Limerick	100%	100%	100%	100%	100%	100%	100%	100%	
UL Hospitals Group	100%	100%	100%	100%	100%	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. Unfortunat	ly adverse events occur, however we e	ndeavour to learn from these	e adverse events . Incident reporting rati	es are lower than a number of studie	s, at this time there is evidence that cu	rent reporting practices are less than opt	imal with resultant under-reporting.	

The UL Hospital Group Patient Salety 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 to July 2017.

The information in this teport is a core element of clinical governance and the management of hospital services within the ab ove hospital group.

Chief Clinical Director: Mr Paul Burke Signature: Touch TSecurice ef Clinical Director
Group CEO: Ms Colette Cowan Signature: Golden Cowan Chelf Executive Officer

Date: 27.9.17

Date 31.9.17

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